	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTACHY CERTIFICATE OF DEATH	GIENE 2	2 3 2 3	
. 8.4		CEASED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY YEAR 26. HOUS	JR
moy be poge 3 er death		RATMONL		ADAMS		18-15-83 6:351	PM /
off.	3. SE	Male	Black	5. DATE OF BIRTH MONTH OAY YEAR MAY 31 1903	6. AGE (IN YEARS LAST BIR	YRS.	24 HRS
deoth. Poge nin Z2 hours		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED MEVER MARRIED WIDOWED DIVORCED		ORGE'S COUNTY	MI
by the fulled walk		TY OR TOWN OF DEATH CHEVERLY	PRINCE GEORGE	GENERAL HOSP.	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O		Ah
tely filled in 2 should be unexmust be	1.0	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR	134. INSIDE CITT EIMITS:	13e. STREET ADDRESS	boro Pike 2002	27
b ond	14. FA	RAVMOND	MIODLE LAST	15. MOTHER'S MAIDEN NA		(unknown)	7
be execute an ond col	16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	JRITY NO. 17. INFORMANT	ADDRI MC 5007 Ros		45
by the attendi		Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	Chydration	^		
gned en plea burial	Z		( (c)	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 110	
he low requires the on.  hos been signed permit. Then plec permit ob burial ows any injury, or	TIFICATION			DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY?	DITION GIVEN IN PART 1 IO  200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH  YES \( \sigma \cong \)	TH?
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11	STATE REGISTRAR			CAL EXAMIN		275	FDEATH	REG. NO.	2 4	
	ECEASED NAM	NE FIRST		MIDDLE	LAST		20 DATE K	KNOWN PT A	MONTH DAY YEA	R 26 HOUR
		Miguel		٧.	Agui		OF DEATH	MATED - 8	3/28/8319	м
3. SE	le	Spanish	5. DATE OF BIRTH MONTH DAY Nov. 23, 19	YEAR LAST BIRTHD	RS. IF UNDER	YR. IF UNDER	24 HRS. 2c. DATE PRONOUNG DEAD	ICED &	8/28/83 <sub>19</sub>	9:18 A A
F	SIRTHPLACE (SOREIGN COUNTRY)		76. CITIZEN OF WHA		MARRIED &	NEVER MARR	IED 🛄		county of DEATH	. AND
	Chever 1		11. NAME OF HOSPI	TAL, NURSING HOMI	e, OR OTHER IN			ATION (TYPE OF	work 12b KIND OF OR INDU	BUSINESS
13a :	AL RESIDENCE STATE  aryland	13b. COUN	OR OTHER INSTITUTION, GIVE ITY	RESIDENCE BEFORE ADMISSI 13c. CITY OR TOWN Hyattsvil	13d. I	INSIDE CITY LIMITS?	13e. STREET ADDRESS	ss Zip (	Code - 20	782
14. F	ATHER'S NAM	E	MIDDLE	LAST	15. A	AOTHER'S MAIDE	N NAME MIE	DDLE	LAST	
	'ernando		V.	Aguilar		Alberta		C.	Gibbon	
	YES, NO, OR UNKNI	D EVER IN U.S. AR OWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	218-66-30		rs. Kare	n Aguilar		Address Sa No# 13e.	ame as
	95 Condition	ons, if any, which	DUE TO, OR A	S A CONSEQUENCE	OF					
NO	gove r couse (o lying ca	ise to immediate ) stating the <u>under-</u> use last.		S A CONSEQUENCE		ONDITION GIVEN IN PA	RT 1 ·o			
TIFICATION	gove recouse (o lying co	ise to immediate ) stating the <u>under-</u> use last.  IGNIFICANT CONDITIONS  F OPERATION	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	MINAL DISEASE OR CO		RT 1 ra		20 AUTOPS	
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1	gave r couse (or lying constitution of lying	ise to immediate ) stating the under- use last.  IGNIFICANT (ONDITIONS  F OPERATION  AL CAUSE WAS  G X OR ING CAUSE OF  OCCURRED  NOT WHILE AT WORK  iffy that I took charge ted from: Natural CAUSE  Not while Introduction	ONTRIBUTING TO DEATH BU  19b CONDITION  19b CONDITI	NOT RELATED TO THE TERM ON FOR WHICH OPER NJURY MONTH DAY YEA! 8/28/83 INJURY (AT HOME. BY, FARM, ETC.) The cident , Su	RATION WAS PER SEIF LOCATION STREET STREET STREET Autopsy (M.D. ADDR	NJURY OCCURRE  t inflic  Decatur :    Inspection  Hamicide   Intle (SPECIFY)  ASSISTANT  RESS   111	D (ENTER NATURE OF INJUCTED GUNShi St., Hyatt  In Inquiry Undetermined mar  MEDICAL EXAMI	ot woun	YES & TIORPART 2)  Ind  COUNTY  Me.  DATE SIGNED  8/	STATE 29/83
7/	gove r couse (o lying co  PART 2 OTHER S  190 DATE OI  210 EXTERN UNDERLYING CONTRIBUT 21d INJURY WHILE AT WORK  220 1 cert death resul  ACTUAL SIGNATURE EXAMINE S (TYPE OR R	ISON TO THE PROPERTY OF THE PR	ONTRIBUTING TO DEATH BU  19b CONDITION  19b CONDITI	NOT RELATED TO THE TERM ON FOR WHICH OPER  NJURY MONTH DAY YEAR 8/28/83  INJURY (AT HOME. BY, FARM, ETC.)  Necident , Se  N. M. D.	RATION WAS PER R 216 HOW IT Self 216 LOCATION STREET 5111 C Autopsy (X) Micide (X), ADDE	NJURY OCCURRE  t inflic  Decatur (    Inspection  Homicide      INTLE (SPECIFY)  ASSISTANT  RESS	D (ENTER NATURE OF INJUICE CEED GUNS he CITY OR TOW HYATT  The control of the con	ot woundsville, ond in nner	YES & TIORPART2)  and  COUNTY Me.  DATE SIGNED 8/  Md. 212	STATE 29/83

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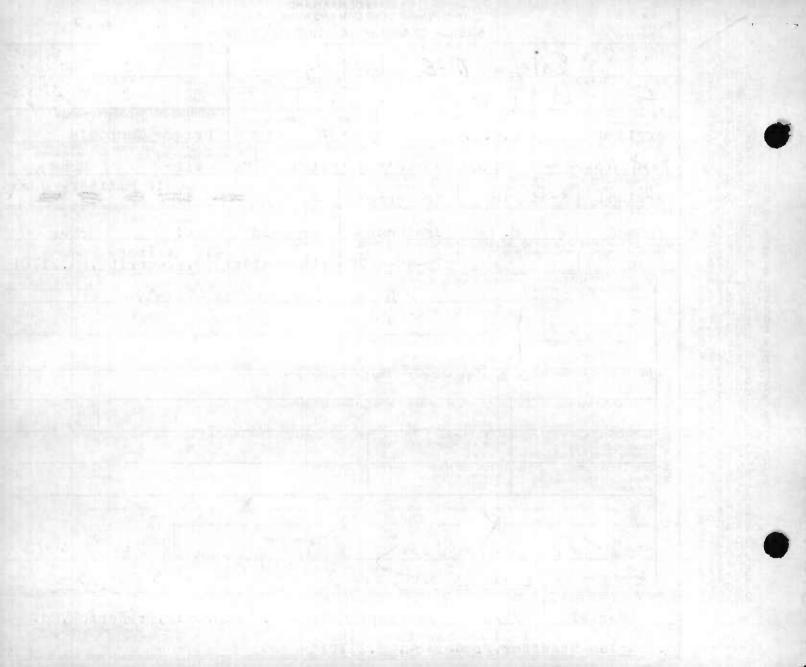
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	IS NECESSARY, PLEASE FUNKRAL DIRECTOR. E 5 FOR YOUR FILES. ED WITHIN 72 HOURS W PRESTON STREET,		aryland	U.S.A.		WIDOW			nce Geor	rae's	MD.
	IS NO SEE TO		ITY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOME	, OR OTH	ER INSTITUTION	12a. USUAL OCCUPA	ATION (TYPE OF WORK	K 126. KIND OF BUSINE	
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OR	TER DE FORM FORM JES A		'homas Was deceased ever in u.s. ara	E.	Brashea		Francis 17. INFORMANT	s L		Garber	
S.	FOR FOR	Y (Y	ES, NO, OR UNKNOWN) (IF YES, GIVE )	WAR OR DATES)				.410 1	ADDRESS Military	y Road	0.1
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W. PRESTON ST., BALTIMORE, MD.	E. D. S.	1	<ol> <li>CAUSE OF DEATH (Enter and PART I DEATH WAS CAUSED</li> </ol>	y ane cause per line ) BY:	far (a), (b), and (c).)		, .	0 ,-1	11-	APPROXIMATE INTEL	
ON	V 24 HO N ITEM I ALONG IT PERM YGIENE,	l	4100 IMMEDIAT	E CAUSE (a)	/ M	TOR	andrai	wife	- Con		_
EST	ANO HY	1	Canditians, if any, which	DUE TO, OR	AS A CONSEQUENCE	1		//			
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AL B	SHOULD ORD "P CHIEF E USED TOF HE	\ V	198. DATE OF OPERATION	196 CONDI	TION FOR WHICH OPER	ATION W	AS PERFORMED?			20 AUTOPSY?	
VII.	WOR!	E									0 🗆
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۵	WRIIS OF WARD WARD PAGE TATE (2)		AT WORK AT WORK	J							
			22a. I certify that I taak charge	e af the remains des	cribed abave, held an	Autap	y . Inspection	, Inquiry	and in my	apinian	
	L EXAMINER: E CERTIFICATE DUID BE FOR L DIRECTOR: H, WITH THE S MARYLAND,		death resulted fram: Natur	al causes .	Accident . Sui	cide	Hamicide ,	Undetermined man			
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	BP	(	Burial	8/8/83	Bleasa	nt H	ill Cem.			erick, Md.	
	DHMH - 17	24. F	UNERAL DIRECTOR		ossumtown		250. DATE R	EC'D. BY REGISTRAR			
	(VR A15 ME (5))	G.	Douglas Stauf	ffer Fre	derick.Md	.217	O1 AUG	1 4 1983	7		
	20M 4/82										



	1.	FOR STATE		DEPART	MENT OF HEA	F MARYLAND LTH AND MENTAL HY ATE OF DEATH	GUYE 2	2 3 3	2 /	
o e e e e e e e e e e e e e e e e e e e		REGISTRAR CEASED NAME FILE CORPRINT! ESTI	HER	J.	ALEXANI		REG. 2a. DATE OF DEATH			2:40PM
re death	3. SE	х	4 RACE		5. DATE OF	DAY YEAR	6. AGE (IN YEARS LAST	BIRTHDAY) IF U		F UNDER 24 HRS
director	7. D	FEMALE		WHITE	OCT.	19, 1896	9. BALTIMORE CITY			
within 72 h	1.1	IRTHPLACE   STATE OR FOREH COUNTRY)		OF WHAT COUNTRY?	MARRIED	NEVER MARRIED	PRINCE	SEORGE'S		MD.
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filled in bould be fil	USU	AL RESIDENCE (IF NURSING H	HOME OR OTHER INSTIT	UTION GIVE RESIDENCE BEFOR	E ADMISSION)	6. INSIDE CITY LIMITS?	130. STREET ADDRES		4	1499
ol Stanford Should	NO		REDELLC	(	WE	res 🔼 NO 🗌	RT 12	BOX 41	(28	677)
信父	JA F	ATHER'S NAME	MIDDLE	LAST	1	MOTHER'S MAIDEN N	AME		LAST	
12/	160 \	VAS DECEASED EVER IN U	H.	ES? 1166. SOCIAL SECT	IRITY NO 1	SALLY	ADD	RESS	INGRA	m
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natic e		4349		O. OR AS A CONSEQU	ENCE OF		8	milan		
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ST Ony in	CERTIFICATION	19a DATE OF OPERATION	19b. C	ONDITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WIN CERTIFYIN	G CAUSES O	
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morked or It	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PL	ACE OF INJURY ME, STREET, FACTORY, OFFICE,		If. LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
o E si		22a I certify that (I) (this			bon EC	, 19.7_	3. 10 Oug	(8, 19,		ot (1) (we) lost
fem 21		sow the deceased o obove, (I) (**********************************	Idid not   was the	body after death.	7 0 11 0	that in (my) (our) opinio	n death occurred on the	dote and hour or	22c. DATE SI	
Tr. If the		15th	500	may	M	ATTENDING PHYSICIAN	MEDICAL ST	AFF SICIAN []	8-1	8-83
MACHTAN	1	22d PHYSICIAN'S NAME	(TYPE OR PRINT)	AMERO	SN	2. ADDRESS GOH	LANDR	Y M	P. 20	785
3	23a.	BURIAL, CREMATION, REA	AOVAL 236. DA	TE 23c.	NAME OF CEA	NETERY OR CREMATORY	23d. LOCATION		District of the Control of the Contr	(747)
		BURIM	AUG.	21, 1983 BE	THLEHEM	UNITED METHOD	IST STATES / ILL	= IREDEU		CTH CARDL
4/82	24 F	UNERAL DIRECTOR		ADDRESS		25a. D.	ATE REC'D. BY REGISTR.	P 78 b. REGISTRA	'S SIGNATUR	E
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in FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the tunning of the business of the business remove carbonpopers. Pages 1 and 2 should be 1 lind within 72 has in the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

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FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT APHYGIENE

2

	REGISTRAR			CERTIFI	CATE OF DEA	TH	REG. N	10		
	CEASED NAME FIRST	MIDD	LE	LA	51		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
TYPE	EVANI	HTA		ARGIR	TOU			0	8 83	4:18p
3. SEX		4 RACE		5. DATE O	BIRTH		6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Fe	emale	Caucasia	n	May		YEAR POO	83	YRS.	MONTHS DAYS	HOURS MIN
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY?	8.	☐ NEVER MARI		9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
Ph.	reece	U.S.A.		WIDOWEL			PRINCE_GE	ROGE'S	S COUNTY	7 N
10 CI	ITY OR TOWN OF DEATH		PITAL, NURSIN		OTHER INSTITUT	ION	120 USUAL OCCUPATION OF WORK FOR MOST	ION	126. KIND C	OF BUSINESS O
2	CLINTON	SOUTHERN			PITAL CE	NTER	Homemake:		None	
113a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	NTY 13c	RESIDENCE BEFORE CITY OR TOW erndon		13d. INSIDE CITY L	IMITS?	13. STREET ADDRESS			9999
14. FA	Panagiotis	MIDDLE Kimo	urtzogl	ou	15 MOTHER'S MA First <b>Unkr</b>		MIDDLE		Unknow	
16a W	VAS DECEASED EVER IN U.S. AI YES NO OR UNKNOWN) (IF YES, GI	WE MAR OR DATES	77-38-3		Lola Dal	llas			Hill Dr	
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS)  4360 IMMEDIA	EĎ BY: .TE CAUSE (a)		VA	C MULT	TPLE	STROKES	)	BETWEEN	MATE INTERVAL ONSET AND DEATH
7	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT	CONDITIONS CONT		DEATH BUT I			nal disease or cor	UDITION GI	VEN IN PART 1	o.
CERTIFICATION	190 DATE OF OPERATION	196. CONDITIO			WAS PERFORME		20a AUTOPSY?	IN CERTI	S, WERE FINDI	
-	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M.	MONTH DA	AY YEAR	21c. HOW INJUR	Y OCCURR	ED (ENTER NATURE OF IN)			ي ۱۸۰
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF (AT HOME STREET,	NJURY FACTORY, OFFICE, F	ARM, ETC }	21f. LOCATION STREET		CITY OR T	OWN	COUNTY	STATE
	220.1 certify that (1) (this hour saw the deceased alive a above, (1) (1-a) (did) (did	X17	19			opinion d	, to	dote and ho	ur and from the	
	27b. SIGNATURE		m		(O PHYS	NDING SICIAN	MEDICAL ST.	AFF ICIAN []	8/8	F/83
	P Wisotsky, M			6	220. ADDRESS 188 Oxon	Hill	Rd., Oxon	Hi11.	Md. 20	745
	BURIAL, CREMATION, REMOVA  Burial	23b. DATE 8/11/83			metery or crea		23d LOCATION CITY OR TOWN Clint	on Pr	county Geo.	Marylar

DHMH - 16 50M 4/B2

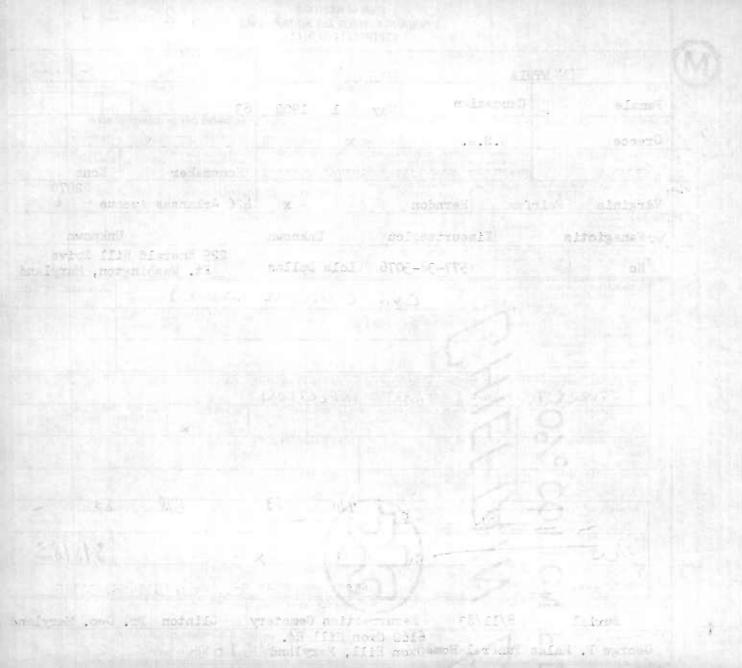
etoined by the hospital or attending physician.

(VRA 15, 4)

George P. Kalas Funeral Homeoxon Hill, Maryland UG

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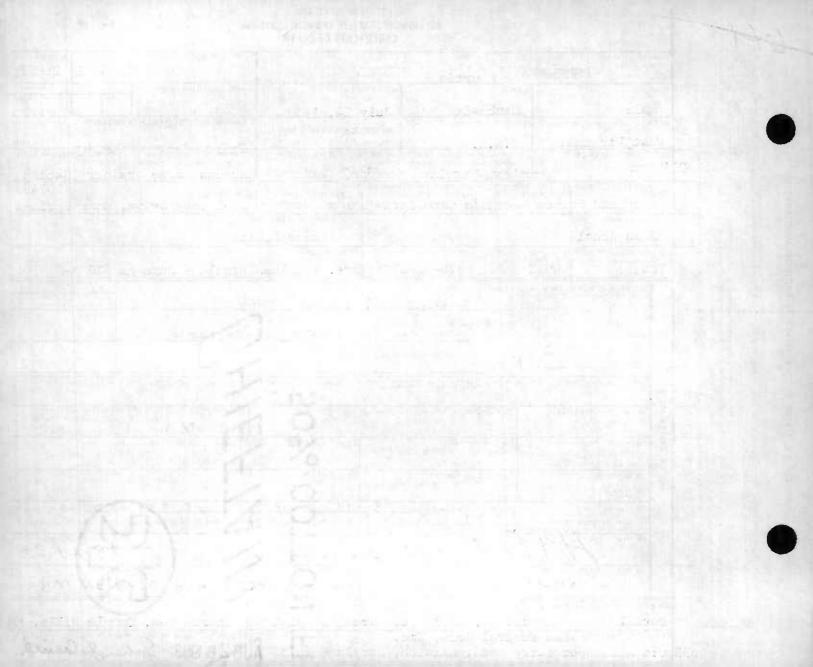
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Old Alexander Ferry Road, Clinton, Maryland 20735 AUG 261983

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STATE OF MARYLAND



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	5	1	FOR STATE REGISTRAR			DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAS HY ICATE OF DEATH		2 3 3	1	
		I. DE	CEASED NAME	FIRST		MIDDLE		AST	REG 20. DATE OF DEATI	NO.	YEAR	2b HOUR
e e e			E OR PRINT)	MARY	200	Т.	BEATLE		THE DATE OF DEATH		0.000	
may pog pog		3. SE	X		I. RACE		5. DATE O		6. AGE (IN YEARS LAS	08-01-8		4:05AM
1			Female		C	auc.	Aug	ust° 30, 19	27 55	YRS.	S DAYS	HOURS MIN
( RAF)	8/72	70. B	IRTHPLACE (STATE OF FO	DREIGN 7	b. CITIZEN OF	WHAT COUNT	RY? 8.	DXD NEVER MARRIED		Y OR COUNTY OF	DEATH	
CAL	oro	P	enna.		ACC.	S.A.	WIDOW	D DNORCED	PRINCE O	SEORGE'S C	OUNTY	
s offer by the tilled with	Series Control	CI	TY OR TOWN OF DEAT	/	PRINCE	GEORGE	S GENE	RAL HOSPITAL	12a. USUAL OCCUP (TYPE DE WORK FOR MO HOUSE)	ATION 17 DST OF WORKING LIFE) IN VIIE	Ib. KIND OF NDUSTRY	BUSINESSO
124 hour filled in hourld be	T Thurst	13a. [V	at residence (if nursing state laryland	Prin	THER INSTITUTION	GIVE RESIDENCE DI 131. CITY OR 1 Chev	erly	13d. INSIDE CITY LIMITS?	135654 M	s nroe St	. 20'	784
completely ond 2 sh	Carmino	14. F.	nther's Name nthony Mi	letí	ch	LAST		15. MOTHER'S MAIDEN N. UNKNOWN			LAST	
be execution ond co	medical		VAS DECEASED EVER IN		NED FORCES?		0-0806	17. INFORMANT Lewis Bea		ne As 13	a	
requires that the same signed by the signed by the same series of the		NOI	couse (a), stoting underlying cause	lost.	( is)_		TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR C	ONDITION GIVEN IN	PART 1 o	
The low re ian. has been it permit. I	3/	CERTIFICATION	19a. DATE OF OPERATI	ON	ISM. CONE	ITION FOR WH	IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFY INC	RE FINDING CAUSES C	GS USED OF DEATH? NO
O PHYSICIAN: The office of the buriol-tronsit, the buriol-tronsit, and Mental Hysician	Hem 18 s	_	210, ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEAT		OF INJURY .M. MONTH .M,	DAY YEAR	216 HOW INJURY OCCU	RRED (ENTER NATURE OF	NJURY IN ITEM 18 PART 1 (	OR PART 2)	
DING PHYS or offending After this of e os the burselfth and Mond Mond Mond Mond Mond Mond Mond Mo	morked or 1	MEDICAL	21d. INJURY OCCURRE  WHILE NOT WHILE AT WORK AT WORK		21e. PLACE (AT HOME, S1	OF INJURY REET, FACTORY, OFF	ICE, FARM, ETC }	21f. LOCATION STREET	CITYO	RTOWN	COUNTY	STATE
Z = 2 5 +	21 is		220.1 certify that (1) (1) saw the deceased above, (1) (we) (di					d that in (my) (our) opinion	death occurred on the	e date and hour and	from the co	hat (li (we)) o
SPITAL OR ATTE d by the hospita NERAL DIRECTO State Dent of the	Tr. H Nem	1	27b. SIGNATURE	7	ruff	Sua.	Du. 2	DEGREE ATTENDING PHYSICIAN	MEDICAL S	TAFF _	8/	INED 1/83
TO HOSPITAL ( retoined by the TO FUNERAL I should be deto	MPORTANT	0	Julius					6501 Lan	dover Rd	Chever	ly, I	Md.
BP	1917	3	BURIAL, CREMATION, R Burial		23b. DATE 8/4/	1983	Cedar	EMETERY OR CREMATORY Hill Cemet	ery Sul	tland, 19	äryla	and <sup>57A1E</sup>
DHMH - 16 50M (VRA 15, 4)	4/82	24. F	UNERAL DIRECTOR H	POLI	5 LA	LAINH	AM MI	anyland AUC	8 1983 BY	AR 26 REGISTRAR	2. Cu	RELLA

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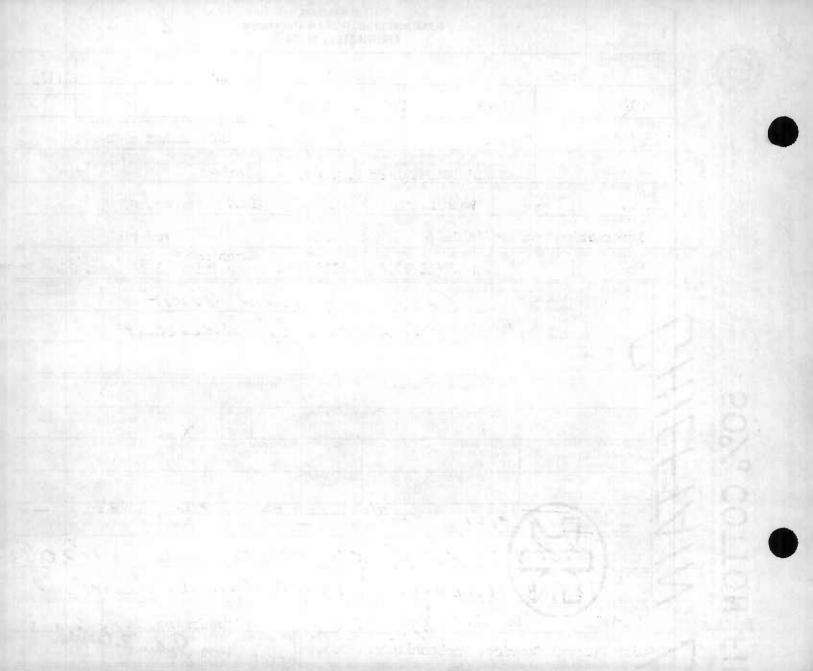
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STATE OF MARYLAND

FOR

(VRA 15, 4)

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FOR

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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL-HYGIENE

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DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2336 2

{TYP	PE OR PRINT)	ie	Louise	Ber	nhardt	20. DATE OF DEATH	8 1083	3:1.
3. SE	Female	4. RACE	hite	5 DATE OF	t. 17, 1880	6 AGE (IN YEARS LAST BIRT	(HDAY) IF UNDER LYEAR MONTHS DAYS	HOURS
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Wash., D.C.	76 CITIZEN O	F WHAT COUNTRY	? 8 MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O		
H	lyattsville	Carro	LL Manor	T ADDRESS)	R OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOREMAKE)	ON 126 KIND C F WORKING LIFE) INDUSTRY	
Md	1. 20782 Pr	UNTY	13t. CITY OR TON Hyattsv	ille	13d INSIDE CITY LIMITS? YES <b>K</b> NO [	13e. STREET ADDRESS 4922 La S	alle Road	178
	Tames	MIDDLE	Prob	ey	15. MOTHER'S MAIDEN NAM FIRST Margaret	WIDDLE	Stari	buck
	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) NO	ARMED FORCESS GIVE WAR OR DATES)			James Bernh	ardt, 976 P	aulsboro Dr.	Rock
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	anly ane cause p JSED BY: NATE CAUSE (a)_	er line for (a), (b), a	nd (c).)	HEADT SAI)	hipe	APPROX BETWEEN	MATE INTERVONSET AND D
	4049	OUE TO	OR AS A CONSEQU	IENCE OF	- 1.1.	<		/
	Canditians, if any, which gave rise to immediate	(b) 4	APT SOLO	CARI	RENVAST	1/5	1/2	SAK
	gave rise to immediate cause (a), stating the underlying cause last	DUE TO,	ORAS A CONSEQU MELLANO	DENCE OF /E	STORE ARM	pessiblent	anais 3,	YRS
ATION	gave rise to immediate cause (a), stating the underlying cause last	DUE TO,	OR AS A CONSEQUENCE OF A SELECTION O	DENCE OF DEATH BUT N	STOCK ARM	possibleNe Inal disease or conf		
RTIFICATION	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN  19e DATE OF OPERATION	DUE TO, 10) 17 CONDITIONS	OR AS A CONSEQUENCE OF A CONTRIBUTING TO	DEATH BUT N	NOT RELATED TO THE TERM	POSSIBLENE INAL DISEASE OR CONIC  200. AUTOPSY?  YES \( \text{ NO } \)	20b. IF YES, WERE FIND II IN CERTIFYING CAUSES YES [	NGS USED
ICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOLIFY MEDICAL EXAM)	DUE TO, 1012  TO CONDITIONS  19b. CON  19b. CON  DEATH  HOUR  HOUR	OR AS A CONSEQUENCE OF A SELECTION O	DENCE OF POPERATION	STOCK ARM	POSSIBLENE INAL DISEASE OR CONIC  200. AUTOPSY?  YES \( \text{ NO } \)	20b. IF YES, WERE FIND II IN CERTIFYING CAUSES YES [	NGS USED OF DEATH
MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DUE TO,  (c)  IT CONDITIONS  19b. CON  19b. CON  DEATH HOUR  NER)  21e. PLAC	OR AS A CONSEQUENCE OF INJURY  A.M. MONTH D	DENCE OF DEN	NOT RELATED TO THE TERM	POSSIBLENE INAL DISEASE OR CONIC  200. AUTOPSY?  YES \( \text{ NO } \)	20b. IF YES, WERE FIND IN CERTIFYING CAUSES YES YES (19 Y IN ITEM 18 PART 1 OR PART 2)	NGS USED OF DEATH NO
	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)  21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAM)  21d IVORK NOTIFY MEDICAL EXAM  21d INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAM  21d IVORK NOTIFY HAD IN WORK  22d I certify that (1) (Has the saw the deceased alive	DUE TO,  (c)  AT CONDITIONS  19b. CON  19b. CON  21b. TIME HOUR (AT HOME. S  AT HOME. S  AT CONDITIONS OF THE HOUR  21c. PLAC (AT HOME. S	OR AS A CONSEQUENCE OF INJURY A.M. MONTH E P.M. E OF INJURY STREET, FACTORY, OFFICE, the deceased from,	JENCE OF JEN	NOT RELATED TO THE TERM  WAS PERFORMED  216. HOW INJURY OCCURE  216. LOCATION	POSSIBLENE  INAL DISEASE OR CONE  200 AUTOPSY?  YES NO SEED (ENTER NATURE OF INJUR  CITY OR TO	206. IF YES, WERE FIND IN CERTIFYING CAUSES YES 19 IN ITEM 18 PART 1 OR PART 2) WN COUNTY	NGS USED OF DEATH NO
	gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED  WHILE ONLY MEDICAL EXAM  21d. INJURY OCCURRED  WHILE ALWORK  22a.1 certify that (I) (Mrs. though the deceased alive above, (I) (ma) (did) (did)  22b. SIGNATURE	DUE TO,  (c)  IT CONDITIONS  IPb. CON  21b. TIME HOUR (AT HOME. S  Popular) attended an pot) view the back	OR AS A CONSEQUENCE OF INJURY A.M. MONTH E P.M. E OF INJURY STREET, FACTORY, OFFICE, the deceased from,	DENCE OF DENTAL BUT NO DENTAL	POT RELATED TO THE TERM  WAS PERFORMED  216. HOW INJURY OCCURE  216. LOCATION STREET  H that in (my) Lour apinian of EGREE  ATTENDING PHYSICIAN	200. AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OR TO	20b. IF YES, WERE FIND IN CERTIFYING CAUSES YES  YES  YES  OUNTY  YE and haur and from the	NGS USED OF DEATH NO ST.
	gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIP EITHER NOILEY MEDICAL EXAMINATION OF COURRED  WHILE NOI WHILE AT WORK  27a. 1 certify that (1) (Mrs. to saw the deceased all work).	DUE TO,  (c)  IT CONDITIONS  19b. CON  19b. CON  21b. TIME HOUR (AT HOME. 9  (AT HOME. 9  (AT HOME. 9)  PE ORPRINT)	OR AS A CONSEQUENCE OF INJURY A.M. MONTH E P.M. E OF INJURY STREET, FACTORY, OFFICE, the deceased from,	DENCE OF DENTAL BUT NO DENTAL	ST FORE ARM  NOT RELATED TO THE TERM  I WAS PERFORMED  21c. HOW INJURY OCCURR  21f. LOCATION  STREET  19 73  I that in (my) (our) apinion of EGREE  ATTENDING	INAL DISEASE OR CONE  200 AUTOPSY?  YES NOS  RED (ENTER NATURE OF INJUR  CITY OR TOW  death accurred on the do	206. IF YES, WERE FIND IN CERTIFYING CAUSES YES  YIN ITEM 18 PART 1 OR PART 2) WN COUNTY  THE and haur and from the	NGS USED OF DEATH NO  ST  that (I) (we causes state

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Surial 8/23/85 Oak Hill Cenetery Joseph Gawler's Sons, Inc.

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ashington, P.C.

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126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 20740 7317 Baylor Avenue Stefandal ADDRESS Same as #13 (Daughter) ARTERISSCLENOTIC VASCULAR DISEASE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [ Burial Highland Falls COUNTY 8/12/83 West Point Cemetery Francis Gasch's Sons Funeral Jome, P.A. 250. DATE REC'D. BY REGISTRAR 156 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/B2 Hvattsville, Md. (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE

CERTIFICATE OF DEATH

26 HOUR

IF UNDER 1 YEAR

- STATE

REGISTRAR

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	Librard Palls	resident ini	e salv	elenen	in Partit
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within 24 hours ofter death. Page

executed

death certificate

requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

the hospital or

etoined by

BP.

DHMH - 16 50M 4/83

(VRA 15, 4)

ottending physician.

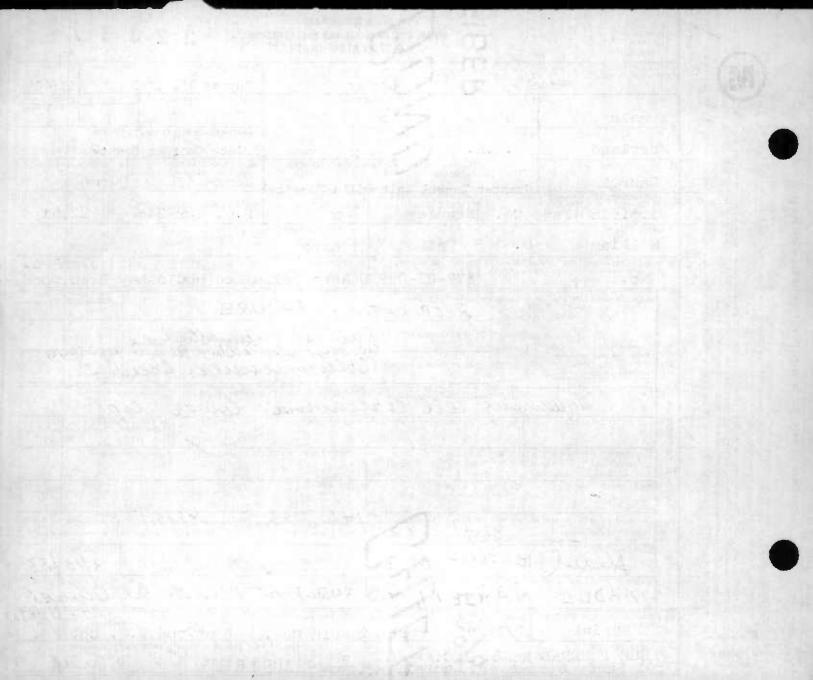
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and is should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

2 3 3 2

			CEICITI	ICATE OF DEATH	REG. NO.			
I. DECEASED NAME	FIRST	WIDDLE	L	AST		ONTH DAY	YEAR	26 HOUR
(TITE ON PRINT)	Hazel	Mae	Botel	ler	August 15,	1983		12:40A
3. SEX	4 RAC	CE	5. DATE O		6. AGE (IN YEARS LAST BIRTHD	AY) IF UND	ER I YEAR	IF UNDER 24 HRS
Female		White	May		78	YRS.	DATS	HOURS MIN.
70. BIRTHPLACE (STATE	OR FOREIGN 76 CIT	TIZEN OF WHAT COUNTRY	(? 8	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF D	EATH	
Maryland		.S.A.	WIDOWE		Prince Georg	ges Cour	nty	M
Laure1	Gr	IAME OF HOSPITAL, NURS FNOT IN SUCH FACILITY, GIVE STRE PATER TAILED	ET ADDRESS)	VILLE HOSPITA	IZO USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF W  HOUSEWIFE	ORKING LIFE) IN	L KIND OF DUSTRY	F BUSINESS O
Virginia	Page C	134 CITY OR TO	WN (	136 INSIDE CITY LIMITS? YES X NO	13 STREET ADDRESS / Z P · O · Box	IP CODE 244	2	2851
William	WIDDLE	Talb	ott	Anna	ΛΕ MIDDL€	(	ate	
160 WAS DECEASED EV	ER IN U.S. ARMED F	OR DATES		17 INFORMANT	ADDRESS			th P1
(YES, NO OR UNKNOWN)	(W IES, GIVE WAR C	577-05	-0893	D Anna Bell	e Lee McCl	oskey	Bre	ntwood
18 CAUSE OF DE	ATH (Enter only one WAS CAUSED BY:	couse per line for (a), (b), c		ORY FAIL			APPROXIM BETWEEN O	MATE INTERVAL
2427 2 07777		(c)			7		-	
	GNIFICANT CONDI SO LLOWING RATION II		Car	NOT RELATED TO THE TERM CULOUS NWAS PERFORMED	Lower 200 AUTOPSY? 2	Ob. IF YES, WER	E FINDIN	GS USED
	Sollows RATION II	96 CONDITION FOR WHIC	Car	KLINOMA N WAS PERFORMED	200 AUTOPSY? 2	Ob. IF YES, WER N CERTIFYING YES	E FINDIN CAUSES	GS USED
190 DATE OF OPEN	RATION   19  UNDERLYING   21  CAUSE OF DEATH EDICAL EXAMINER)	96 CONDITION FOR WHICH	CAT TH OPERATION	NWAS PERFORMED  216. HOW INJURY OCCURE	200 AUTOPSY? 2	Ob. IF YES, WER N CERTIFYING YES	E FINDIN CAUSES	GS USED OF DEATH?
WEB DATE OF OPEN  19a DATE OF OPEN  21a. ACCIDENT WASS  OR CONTRIBUTION  O	SOMEONES  RATION 19  UNDERLYING 21  CAUSE OF DEATH EDICAL EXAMINER)  JRRED 21	96 CONDITION FOR WHICH	CAPE TH OPERATION DAY YEAR 19	KLINOMA N WAS PERFORMED	200 AUTOPSY? 2	Ob. IF YES, YER N CERTIFYING YES	E FINDIN CAUSES	GS USED OF DEATH?
WHILE NOTE AT WORK AT	SOMEONE INTERPRETATION INTERPRETATIO	96 CONDITION FOR WHICE  116. TIME OF INJURY HOUR A.M. MONTH P.M.  12. PLACE OF INJURY AT HOME. STREET, FACTORY, OFFICE  tended the deceased from	DAY YEAR 19 E, FARM EIC)	211. LOCATION STREET  19 83 4 that in (my) (aur) opinion of	200 AUTOPSY? 2 YES NO DE INJURY II	Ob. IF YES, YER N CERTIFYING YES  NITEM 18 PART I OI  CCC  3 19 2  and hour and	E FINDIN CAUSES (	GS USED OF DEATH? NO F
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3 5	M	4. RACE	5. DATE OF BI	PAY YEAR 16. A	GE (IN YEARS IF AST BIRTHDAY) MC	UNDER 1 YR.	HOURS	MIN. PRONC	ATE DUNCED EAD	MONTH 8	10 198	93 L:35
5 70	BIRTHPLACE FOREIGN COUNT	RY)		F WHAT COUNTRY?	MA	RRIED   NE		D		_	OF DEAT	
	Maryl CITY OR TOV	VN OF DEATH	11. NAME OF	S.A. HOSPITAL, NURSING CH FACILITY, GIVE STREET, 31st Str	IG HOME, OR C	THER INSTITUT	DIVORCE	12a. USUAL OCC	CUPATION WORKING LIFE)	(TYPE OF WORK	OR IND	F BUSINESS
US			ME OR OTHER INSTITUTIO	DIA. GIVE RESIDENCE BEFOR	RE ADMISSION)	13d. INSIDE CI	ITY LIMITS?	13e. STREET ADI				
114	Md FATHER'S N	ME	PG	Mt.	Rainier		NO   ER'S MAIDE		31st S	Street		712)
	John.	Arthur L.		Bowie		Li	illiar		e ther		LAST	
160	WAS DECEA (YES, NO, OR UN		ARMED FORCES? GIVE WAR OR DATES)  None		0-2306	17. INFORM		Guynes	4006 3		t. Mt.	Rainie
	18 CAUS	E OF DEATH (Enter	only one couse pe	1. 1 1 1 1 1 1	d (c) )	-					APPROX	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN XXMONTH 2b HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 14 1983 James Thomas Breen 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED White 25,1916 Aug. 66 Male YRS Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE (STATE OR MARRIED NEVER MARRIED New York Prince George U.S.A WIDOWED DIVORCED 2, AND 3 TO THE FU 3. RETAIN PAGE 5 2 SHOULD BE PILED. D. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 14 HOURS AFTE.
ITEM 18. GIVE PAGES ...
LONG WITH FORM PM 3. N.
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TONG WITH FORM Census Beau U.S. Gov't. Temple Hills 130 STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Prince George Temple Hills 3415 Weltham Street NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Unavailable Unavailable 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Baltimore, Md. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Patricia A. Schou - 1814 Briarcliff Rd 062-12-8926 WWII ves ALONG WI APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). reluctio andervonul IMMEDIATE CAU OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. DIVISION OF VITAL RECORDS, 201 HEALTH AND M PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED / 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, MER: In...
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E FORWARDED TO In...
TOR: PAGE 3 SHOULD BE U...
"TATE DEPARTMENT
"PROPERTY OF THE OFFICE OF THE OFFICE OFFI YES [ NO X 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY INSTEM 18 PART ) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. 19 21e PLACE OF INJURY LATHOME 21f. LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITH PAGE A SHOULD BE FORWARDEE TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH, WITH THE STATE OF BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK X 22a I certify that I took charge of the remains described above, held on Inspection and in my opinion death resulted from Homicide Undetermined monner TITLE (SPECIFY) 8/14/1983 Deputy MEDICAL EXAMINER 20748 EXAMINER'S NAME ADDRESS 5009 Rayburn Ct., Temple Hills, Md. Augusto P. Rodriguez, (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 236 LOCATION STATE Arlington National Cem. Arlington, Virginia Aug. 17'83 Burial BP 250. DATE REC'D. BY REGISTRAR, 256 REGISTRAR'S SIGNA Funeral **DHMH - 17** Washington, D.C. (VR A15 ME (5)) 20M 4/82

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HIGHENE

1	FOR STATE REGISTRAR				HEALTH AND MENTAL HYG	IENE 2 REG. N	2.	3 4	3
	ECEASED NAME FIRST	MI	IDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
1111	Clark	M	1	BRES	SSLER	August	29	1983	5:20 pm
3. SE	X	4. RACE	5.		OF BIRTH	6. AGE (IN YEARS LAST BI	THDAY)	IF UNDER 1 YEAR	R IF UNDER 24 HRS
	Male	Whit	e (	nont Octo	ber 28, 1909	73	YRS	MONTHS DAYS	HOURS MIN.
7a. 8	SIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	VHAT COUNTRY?			9. BALTIMORE CITY			
P	ennsylvania	U.S.A.		VIDOW	D NEVER MARRIED DIVORCED	Princ	e Ge	orge's	MD.
U	niversity Park	4202 S	heridan St	RESS)	OR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING	U.S.	Gov't.
13a.	STATE 13b. COL	YTAL	GIVE RESIDENCE BEFORE ADVI 13t. CITY OR TOWN University		138. INSIDE CITY LIMITS?	13. STREET ADDRESS 4202 Sheri	Zi p dan	Code - Street	20782
	ATHER'S NAME FIRST USTON	WIDDIE	Bressler		15. MOTHER'S MAIDEN NAME FIRST Larue	ME	18	Mi	ller
	WAS DECEASED EVER IN U.S. A		166. SOCIAL SECURIT	Y NO.	17. INFORMANT	ADDR	ess Ad	dress Sa	ame as
		W.II	491-46-524	45	Mrs. Dorothy	S. Bressle	r No	# 13e.	
	18. CAUSE OF DEATH (Enter	only one couse per li	ine for (o), (b), and (c	1, 6				APPRO BETWEEN	XIMATE INTERVAL
	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (o)	Car	cin	omatosis			One	month
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	(b)	AS A CONSEQUENCE	cin	oma of the par	ncreas		Unkr	iown
_	PART 2 OTHER SIGNIFICANT					INAL DISEASE OR CON	DITION	GIVEN IN PART I	10
Š					ular disease			(J.)	
CERTIFICATION	19a DATE OF OPERATION	196 CONDIT			N WAS PERFORMED	200 AUTOPSY?		YES, WERE FIND RTIFYING CAUSE	S OF DEATH?
E E	15 July, 1983	216. TIME OF	Laparot	omy	21t. HOW INJURY OCCURE	YES NO	IBV IA LITEAL	YES	NO [
	OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M	A. MONTH DAY	YEAR	THE HOW INSORT OCCOR	(ENIER NATURE OF INJU	KI IN IIEM	16 PART I ORPART 2)	
WEDICAL	214 INJURY OCCURRED	21e PLACE O			21f LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
-	AT WORK NOT WHILE								7-12
	220.1 certify that (I) (this has sow the deceased alive a above, (I) (we) (did) (did i	n 25 Augus	st	6 N	ovember, 19 75 nd that in (my) (our) opinion (	, to <u>29 Aug</u> death occurred on the d			, that (I) (we) last e couses stated
	276. SIGNATURE TO	111		12	DEGREE			22c. DAT	E SIGNED
	Cerl		mann			MEDICAL STA		29 A	ug. 1983
	22d. PHYSICIAN'S NAME ITYPE Carl 3	J. Houmann	n, M. D.	16	22. ADDRESS 4404 Queenst	oury Rd., R	iver	dale, MD	. 20737
23a.	BURIAL, CREMATION, REMOVA			-	EMETERY OR CREMATORY	236. LOCATION		COUNTY	STATE
	Burial	Sept.2	,1983 Ft.	Lin	coln Cemetery	Brentwoo	d	P.G.	Maryland

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etained by the hospital or attending physician

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

(VRA 15, 4)

DHMH - 16 50M 4/82

74 FUNERAL DIRECTOR
NAME
F. Gasch's Sons F.H. P.A. Hyattsville, Md.

Maryland REGISTRAR 25 REGISTRAR SOIGH BURE

THE TOTAL PROPERTY OF TOTAL PARTY Ainar France 216 Code - 50782 1202 Short-limit Stenet man material 10 11 agreeme greenbline You-Mayer L. W. I. S. C. Company S. Berethy S. Berethy De. U. H. Marial Se b.2,1927 M. Lincoln Destors Prontycod . P.C. Theon's Bone F. H. D. A. Hettavillo, Mil.

	1-	FOR STATE REGISTRAR	DEPA	RTMENT OF H CERTIF	EALTH AND MENTAL HYGICATE OF DEATH	REG. NO		
£		CEASED NAME FIRST OR PRINT) Ruth	Delano		ckerd		MONTH DAY YEAR 3/28/83	26. HOUR 9:15 A
or death	3. SE		I4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		
hours of		emale	White	Feb		78	MONTHS DAYS	HOURS MIN.
Though the	1 .	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8.	NEVER MARRIED	17	R COUNTY OF DEATH	
d ot one		shington, D.C.	U.S.A.	WIDOWE	DIVORCED [		orge's Count	
led wi		enn Dale	11. NAME OF HOSPITAL, NUR FROT IN SUCH FACILITY, GIVE STI 10901 Prospect	REET ADDRESS)	coad	120. USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF THE PROPERTY OF THE	OF WORKING LIFE) INDUSTRY	Home
should be t	13a. S	STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BE UNITY 130. CITY OR TO G. Glenn I	OWN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 10901 Pros	Zip Code - spect Hill F	20769 load
and 2 sh	14. FA	THER'S NAME	MIDDLE LAST Davy	14	15. MOTHER'S MAIDEN NA	WE		AST lano
	14 a V	<b>'ÎN</b> VAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SE	CURITY NO.	Annie 17. INFORMANT	ADDRE	55 2302 Quee	ns Chapel
Pages	No	(ES, NO OR UNKNOWN) (IF YES, G	220-56	-2582	Mr. Davy C.	Brickerd Rd	. Hyatts. M	d. 20782
papers. aval. ent, the		18 CAUSE OF DEATH LEnter of PART I. DEATH WAS CAUS	anly ane cause per line for (a), (b),		^		APPRO BETWEE	XIMATE INTERVAL NONSET AND DEATH
remova remova revent, t			ATE CAUSE (a) CARD	AC	HRREST			
n, ar matic		4140	DUE TO, OR AS A CONSE	NEWSE OF	HEART DI	CENSE		
emotion, er traum		Conditions, if any, which gave rise to immediate cause (a), stating the	(6)	- 1	ILLP/ICE D	36435		
e o f		underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF				
Then plea to burial, injury, or o	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART	(0,
prior I	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE	
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Mentol Hygor them 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)	
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Healt is mo			pital) attended the deceased fro		, 19	, to		, that (I) (we) last
d for t. of I			nat) view the body after death.		d that in (my) (aur) opinion	death accurred on the de		E SIGNED
Dept.		V tal	10		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	cc	
ANT:	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	2	PHYSICIAN 220. ADDRESS	DIRECTOR   PHYSIC	IAN   Aug	29,1983
with the State IMPORTANT: If			ez Chaudhry, M.1	0.	14201 Laurel	Pk. Dr.#10	O Laurel, Mo	1. 20002
3 4		BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	24.5	Burial	Aug.31,1983	Ft. Lin	coln Cemetery		d P.G.	Maryland
50M 4/B2		UNERAL DIRECTOR	F.H. P.A. Hyatta	svilla			REGISTRAR'S SIGN	ATURE
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1	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND RENT OF HEALTH AND MENTAPHYO CERTIFICATE OF DEATH	GIENE 2 2	3 4 6
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affer 3.	Male	Black	5. DATE OF BIRTH  MONTH DAY  3 23 83	6 AGE (IN YEARS LAST BIRTHO	PAY)  IFUNDER 1 YEAR  IF UNDER 24 HRS  MONTHS DAYS HOURS MIN.  27
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8 shaws any injury, ar ather traumatic				20a AUTOPSY?	TION GIVEN IN PART ITO: 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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	saw the deceased alive an	or view the body after death.	, , , , , , , , , , , , , , , , , , , ,	death accurred on the date  MEDICAL STAFF  DIRECTOR PHYSICIA	22c. DATE SIGNED
	   BURIAL, CREMATION, REMOVAL   CYEMATION		AME OF CEMETERY OR CREMATORY G. Hospital	234 LOCATION Chever1	y, PG, Maryland
82	FUNERAL DIRECTOR RaTeigh Cline	e, Cheverly, M		TE REC'D. BY REGISTRAR 25	b. REGISTRAR'S SIGNATURE

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DHMH - 16 50M 4/83 (VRA 15, 4)

Burial

REGISTRAR

<sup>24</sup> FUNERAL DIRECTOR Hines/Rinaldi Funeral Home 11800 N.H. Ave.

Gate of Heaven Cemetery SilverS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Montgomery Md.

77c DATE SIGNED

2b HOUR

126. KIND OF BUSINESS OR

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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uG PHYSI attending ter this ce is the busi h and Mer	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F		211. LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
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		22d. PHYSICIAN'S NAME (TYPE OF	R PRINT)	6-7	- 1	220 ADDRESS				0
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TO HOSPIT retained by TO FUNER should be with the St IMPORTAN		KATHRYN AMAC  BURIAL, CREMATION, REMOVAL  SPECIFY  BURIAL  JUNERAL DIRECTOR  JUNERAL	HER D.O 23b. DATE 9/1/8	23c. h		MALCOM GROW  TEMETERY OF CREMATORY  On National	USAF MED CE			.0331 STATE

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STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL BY GIENLE

- STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH DAY 2b. HOUR TYPE OR PRINTS SAMMIE BURNS AUGUST 2, 1983 2:08am 4 RACE & AGE (IN YEARS LAST BIRTHDAY) SEX 5 DATE OF BIRTH IF UNDER I YEAR JULY 26 1916 WHITE 67 MALE O. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED PRINCE GEORGE'S COUNTY ARKANSAS UNITED STATES CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR MTITTARY MALCOLM GROW USAF MEDICAL CENTER ANDREWS AFB JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 134 COLTY OR TOWN 134 INSIDE CITY LIMITS? 13a STATE 13e STREET ADDRESS DAHLGREN KING GEORGE VIRGINIA 7TH STREET FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST RUBY JEFFERSON SANDERS JAMES OLIVER BURNS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT 7TH STREET LYES NO OR LINKNOWN) (IF YES, GIVE WAR OR DATES) NORMA J. BURNS, DAHLGREN, VA 1932-1963 505-52-7070 YES APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) CARDIAC FAILURE PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF PULMONARY FIBROIS, CHRONIC Immoney Fibrusi's, chronic Canditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF CHRONIC, LYMPOCYTIC LEUKEMIA cause (a), stating underlying couse lost. 17 mahocytre PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ( IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased fram. sow the deceosed alive on above, (I) (we) (did) (did not) view the body after death 19 33 , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF mo PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) VAL D. CHRISTIANSEN

23a. BURIAL, CREMATION, REMOVAL

MALCOLM GROW USAF MED CEN AAFB, MD 20331 23c NAME OF CEMETERY OR CREMATORY

(SPECIFY) Historyland Memitark 24 FUNERAL DIRECTOR

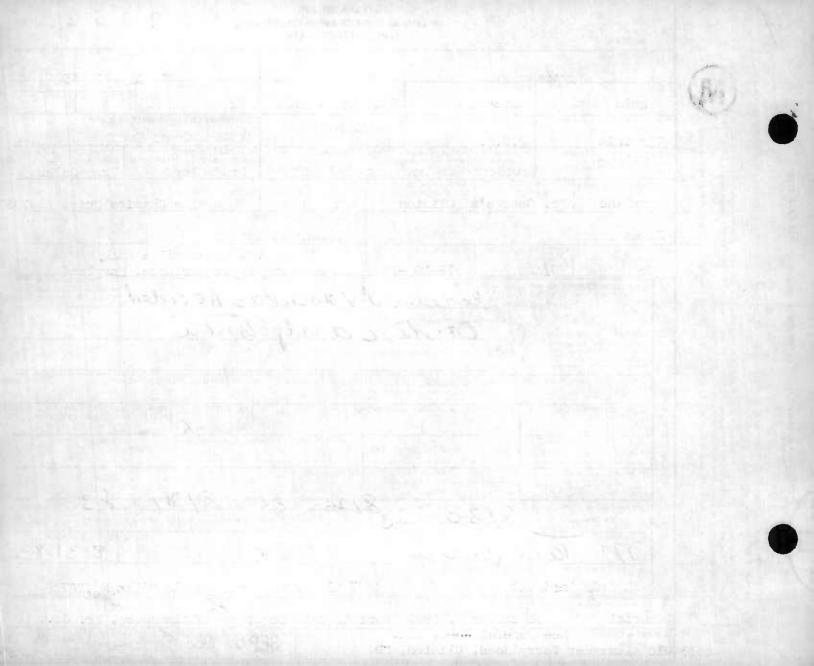
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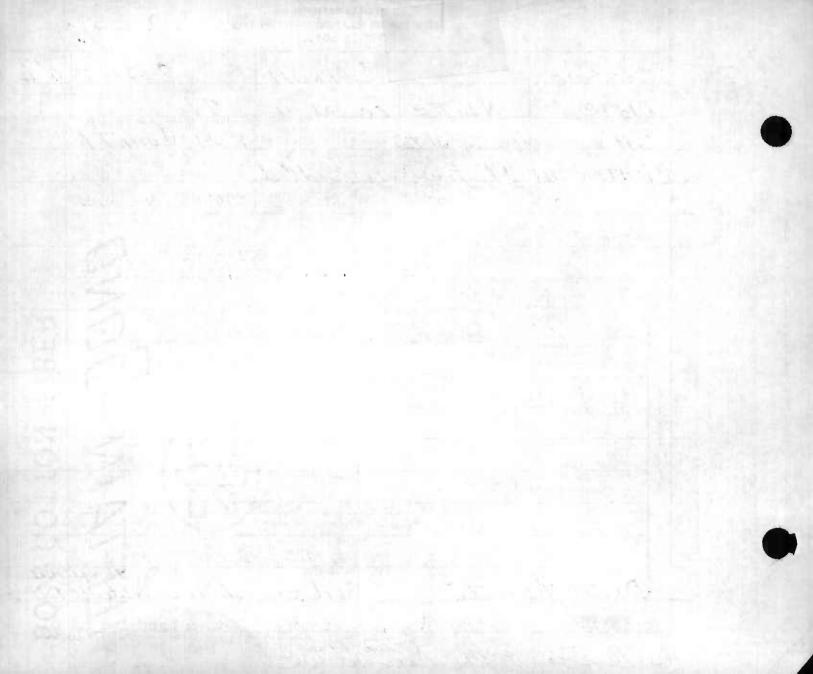
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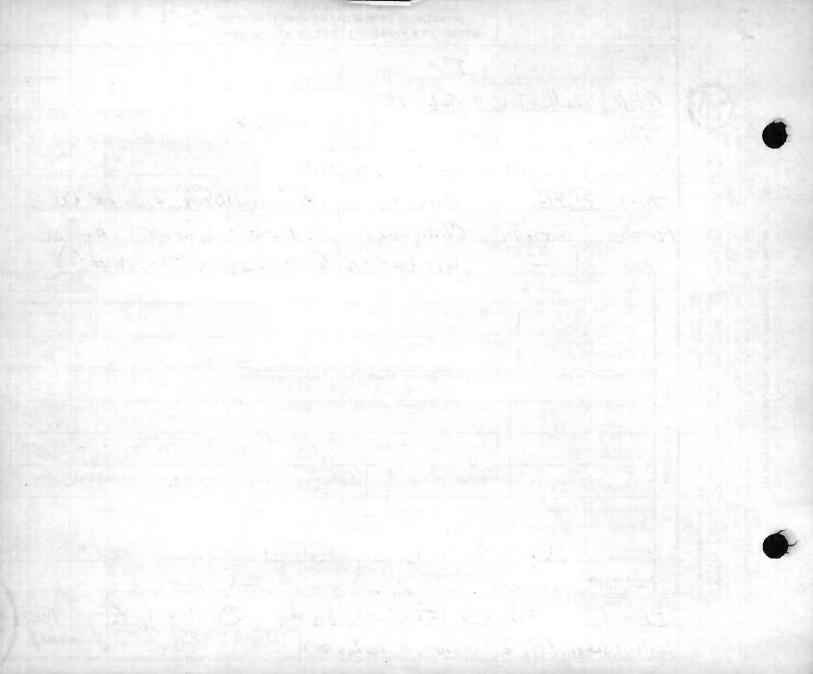
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH I. DECEASED NAME MIDDLE 2b. HOUR EMERSON HARRINGTON CASHOUR AUGUST 9, 1983 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH IF UNDER 1 YEAR MALE WHITE SEPTEMBER 30 1915 67 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARYLAND UNITED STATES PRINCE GEORGE'S COUNTY WIDOWED DIVORCED [ ID. CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION THE OWN THAT IS NOT THE TIME THE PERSON OF I IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! Camp Springs MALCOLM GROW USAF MEDICAL CENTER ADMINISTRATION MILITARY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 138 COUNTY 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? MARYLAND PRINCE GEORG 20747 6518 INSEY ST. NO T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST CHARLEY CASHOUR NETTIE KINSEY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 6518 TNSEY ST. 216-03-6639 20747 EDITH E. CASHOUR, BERKSHIRE, MD APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY CARDIO-PULMONARY ARREST DIVISION OF VITAL RECORDS, 201 W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES T NO F 210. ACCIDENT WAS UNDERLYING 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY 80 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM ETC ) NOT WHILE AUG 09 ATIC 09 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on AUG 09 19 83 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (and) I did not) view the body after death 22b. SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING PHYSICIAN MEDICAL DIRECTOR PHYSICIAN MPORTANT: AUG 9.1983 22d. PHYSIC TANA MAKE LTYPE OR PRINT 220 ADDRESS should be JOHN H. WALES MALCOLM GROW USAF MED CEN AAFB, MD 20331 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23e. BURIAL, CREMATION, REMOVAL 23b. DATE Arlington Burial 8/12/83 Arlington National Ft. Myer Va. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Francis Gasch's Sons Funeral Home. P.A. DHMH - 16 50M 4/82 7Atch Alig 1 5 1000 (VRA 15, 4) Hvattsville, Maryland

BALTIMORE, MARYLAND 21201

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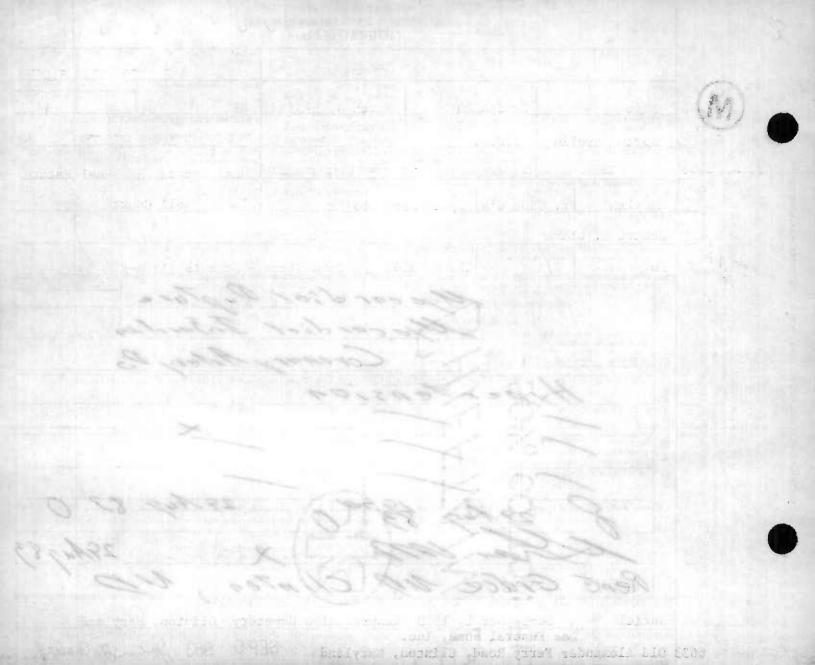
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# a 4 0 F		CEASED NAME FIRST	MIDDLE	IPANGE 20 DATE KNOWN OF ESTI-	MONTH DAY YEAR 26 HOUR		
W PLEA PECTON	3. SE		5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTH JULE 9 1966 17 YEAR	ARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE AY) MONTHS DAYS HOURS MIN PRONOUNCED	MONTH DAY YEAR 20 HOUR 8-4-83 19 10:15		
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いてを言るまべ		everly	11. NAME OF HOSPITAL, NURSING HOME IN FOR INSUCH FACILITY, GIVE STREET ADDRESS)  Prince George's Co.  OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE, ADMISSI	FOR MOST OF WORKING LIFE)	(TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY		
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TIMORE, MD. TER DEATH. IF E PAGES 1, 2, FORM PM 3. ES I AND 2 SF ON OEVITALE	160	ATHER'S NAME FIRST  VAS DECEASED EVER IN U.S. ARA ES. NO, OR UNKNOWN) (IF YES, GIVE N	MIDDLE  MIDDLE  MIDDLE  MIDDLE  MAND AGA  MAND	YNO. 17. THEORMANT ADDR	RESS		
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BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 SCRRIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETA RET 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES I AND 2 SHOULD E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OEVITAL RECORD PROPERTY.	>	Conditions, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> .	DUE TO, OR AS A CONSEQUENCE	OF			
ECORDS, BE EXECUDING, NDING, AS A BUJ ALTH AN	NOI	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).					
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TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	27e   Certify that I tack charge of the remains described above, held an AutopsyXX, Inspection , Inquiry , and in my apinion death resulted from: Natural causes , Accident XX Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY)  ACTUAL SIGNATURE						
O MEDIC XECUTE T AGE 4 SI O FUNER FTER DEA ALTIMOR		EXAMINER'S NAME (TYPE OR PRINT) Marg	parita A. Korell,M.D.	ADDRESS 111 Penn Street			
BP	13	URIAL, CREMATION, REMOVAL ?  PECIFY  UNERAL DIRECTOR	8 Aug 83 Ft. Line	WETERY OR CREMATORY  CON LOS DATES PECCH BY REGISTRAR 1755 F	PENINTY MID		
DHMH - 17 (VR A15 ME (5)) 20M 4/B2	Ho	alss Lanham F.t	4, 9013 gangers Role	A   Alli   2 1983	John & Court		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN {TYPE OR PRINT] ESTI-William DEATH MATED Francis Christian 6. AGE (IN YEARS IF UNDER 24 HRS. 3 SEX . 4. RACE DATE OF BIRTH DATE LAST BIRTHDAYS PRONOUNCED DEAD Male Black 24,1918 Nov 64 YRS TE CITIZEN OF WHAT COUNTRY? Ja. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Washington, D.C. IISA WIDOWED DIVORCED ID CITY OR TOWN OF DEATH I NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY #104 3958 Suitland Road Suitland Retired City Maint Dept. LA. .CA 13e STREET ADDRESS 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13h COUNTY Maryland Suitland NO [ 3958 Suitland Road #104 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRS1 William F. Christian, Sr. Madelyn Abby 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO DIVISION (YES, NO. OR UNKNOWN) 578-18-2482 Mrs. Mary V. Christian/wife/same as APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO X YES | 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PAFFEDEATH, WITH THE STA 22e I certify that I took charge of the remains described obave, held an Autopsy Inspection and in my opinion Hamicide Undetermined manner death resulted from Natural causes TITLE (SPECIFY) 8/15/1983 Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodrignez ADDRESS 5009 Rayburn Ct., Temple Hills, Md. 23a.BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Buria1 8-19-83 Harmony Memorial Pk Landover. 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE John T. Rhines Co. DHMH - 17 (VR A15 ME (5)) 3015 12th St. N.E. D.C. 20017 20M 4/B2

2/	A. marie	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAFHY  CERTIFICATE OF DEATH	GIENE 2 2 3	5 9
(RAI)		CEASED NAME FIRST	A G	CLAGGETT	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	18 83 4 PM
4. 10 sto	F	emale	Black	3 - 10 - 1901	82 YRS.	MONTHS DAYS HOURS MIN.
125	7a. B	RTHPLACE   STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	MARRIED MEVER MARRIED	9 BALTIMORE CITY OR COUNT	
101		ATV AND	U. J. A.	WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	Prince Georges Co	UUNLY MD.
201	Cli	nton s	Southern Maryla	net Address)	(1YPE OF WORK FOR MOST OF WORKING I	
AND 21	13a.		NTY 13c CITY OR T	AShington YES IN NO	1812 Palmer	Rd 20744
MARYL One of 2 to	R	THER'S NAME FIRST	Middle +	Is MOTHER'S MAIDEN NA  Edna	MIDDLE Gree	en field
MORE, Poper		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	2-7690 Edna Brown	3124 ADDRESS Br Temple Hills	inkley Rd Mc 20748
C, BALT		PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b) ED BY: TE CAUSE (a)	helmers as	not	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TON SI		5570	DUE TO, OR AS CONSE	QUENCE OF	alla La	a xxx
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ON CALLED ON CALLED	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
SIVIE CANADA	E	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	CE PARM EIC)		
TTENDIII phol oc TOR for the of Heath		saw the deceased alive or	ortal) attended the deceased from	<b>Y</b> (	death accurred an the date and ha	, 19, that (I) (we) last our and from the causes stated
the host to Dept.		22b. SIGNATURE	Our &	DE GREE ATTENDING	MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE SIGNED
HOSPITA med by FUNERA uld be di the Stot		22d PHYSICIAN'S NAME (TYPE		22e. ADDRESS		a, ' → , ,,
HOT Should with the state of th	230	BURIAL, CREMATION, REMOVAL	CASIPA M	7500 017	Brovely A	CINION MAN
BP		(SPECIFY BURIAL	8-23-83	St. Marys Ch	Piscataway  TE REC'D. BY REGISTRAR PTO REGISTA	P.G. Md
DHMH - 16 50M 4/82 (VRA 15, 4)	M	lartell Adams	S. Aguasco			J. Court

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20. DATE KNOWN X 7h HOUR MONTH (TYPE OR PRINT) OF ESTI-5 FOR YOUR FILES. WITHIN 72 HOURS W. PRESTON STREET. Sandra Kav Colbert 8 30 1983 4. RACE S DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED 1:25 1983 Feb. 13 1957 7 26 aM To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Oklahoma WIDOWED DIVORCED Prince George's County 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Voucher examiner FBI Suitland Ave. near Hudson Ave. ewis USUAL RESIDENCE (IF IN NURSING HOME OF GITHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 13d. INSIDE CITY LIMITS? 136 COUNTY 13e STREET ADDRESS Hudson Lane Suitland 4702 Maryland YEX 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Edith Colbert Dan Embry DIVISION TURMITE Colbert-brother-4377 North 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) Marlborough Street, Milwaukee, Wisc 62 4273 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple gunshot wounds (handgun) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED / 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NT OF HE BURIAL, YES XX NO [] DEPARTMENT 71g EXTERNAL CAUSE WAS 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 12: 1684. Subject shot 30 1983 71d INJURY OCCURRED 21e PLACE OF INJURY IL LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK AGE 4 SHOULD BE FORWAR O FUNERAL DIRECTOR: PAGI FTER DEATH, WITH THE STATE ALTIMORE, MARYLAND, 2120 street Ave. nr. Hudson Ave. Suitland.P.G.Co.MD 22a I certify that I took charge at the remains described above, held an Inspection Autopsy Homicide X Undetermined monner death resulted from Suicide TITLE (SPECIFY) ACTUAL Deputy Chiefredical ExaminER 8/30/83 SIGNATURE EXAMINER'S NAME Thomas D. Smith. M.D. ADDRESS | | Penn St. Balto. Md. (TYPE OR PRINT) AFT 23a BURIAL CREMATION 236 LOCATION NAME OF CEMETERY Burail Sapulpa BP Cemeterv **DHMH - 17** Stewart (VR A15 ME (5)) 20M 4/82

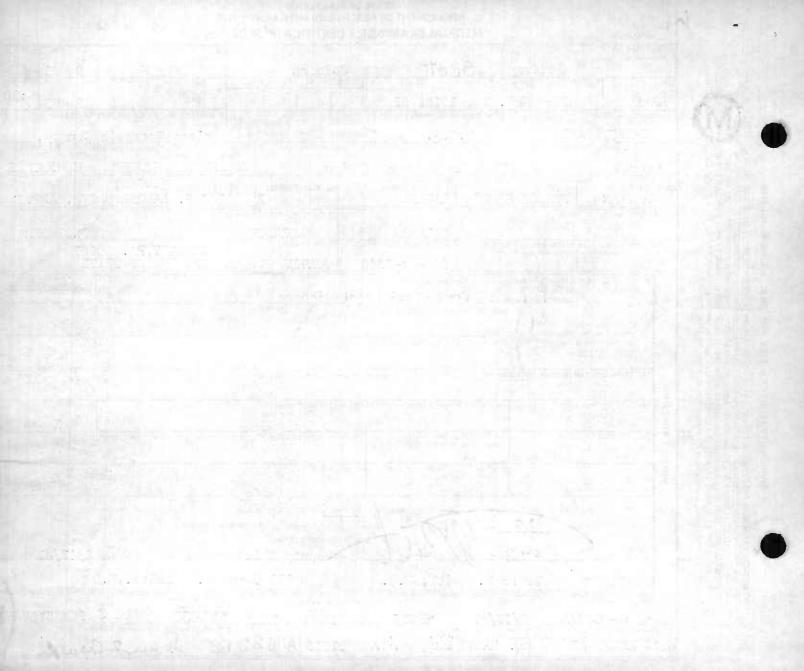
STATE OF MARYLAND

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STATE OF MARYLAND



(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE,

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Lee Funeral Home. Inc.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-Hugo 4. RACE 5. DATE OF BIRTH 3 SEX 6. AGE (IN YEARS IF UNDER 24 HRS DATE PRONOUNCED Male Cau. 3, 21 61 DEAD Nov-7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED U.S.A. Pittsburgh, Pa. George Prince WIDOWED DIVORCED 17h KIND OF BUSINESS Salesman Produce. Co 8014 13b. COUNTY CITY OR TOWN 13e. STREET ADDRESS George Wash. NO Murray Hill Drive 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE LAST Mary Mauro Carl Corona 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO. 105 Crofton Dr. (YES, NO OR UNKNOWN) Emily Hayes, Pittsburgh, Penn. 185-16-1972 IR CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c), tales adeno carcinomo IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL, YES A NO [ 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PY
AFTER DEATH, WITH THE ST.
BALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described obove, held an Autopsy and in my opinion Natural causes Accident Homicide Undetermined manner death resulted from: Temple Hi Augusto P. Rodriguez Rayburn Ct. Maryland20748 230 BURIAL, CREMATION, REMOVAL 23b. DATE STATE. Pittsburg Carmel Cemetery Burial 8-6-83 Alleg. BP. 24 FUNERAL DIRECTOR Sa DATE REC'D. BY REGISTRAR Huntt Funeral Home, "Waldorf, Maryland **DHMH - 17** AUG (VR A15 ME (5)) 20M 4/82

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Chambers Funeral Home

FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2

		REGISTRAR				CERTIF	FICATE OF DEATH		REG. NO	).			
		EASED NAME	FIRST	1	AIDDLE		LAST	20 DAT		HINOM	DAY	YEAR	26 HOUR
	(TYPE	OR PRINT)	WESL	EY E	UGENE	C	REWS			08	12	83	6:15A <sub>M</sub>
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1	7a BIF	RTHPLACE STATE OR	FOREIGN		WHAT COUNTRY?	8		9 BALT	IMORE CITY O			DEATH	
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25		Luther		N.	Crews		Jessie		B.			Long	л
		AS DECEASED EVE			16b. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	\$5		0	
		es, no or unknown) NO	None	E WAR OR DATES)	520-03-0	6320	Charles L. C:	rews	(Son) S	ame	as ;	# 13.	
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3		PART I. DEATH	WAS CAUSE	D BY	Rena	/	Failure	-				10	Davis
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27	CERTIFICATION	190 DATE OF OPER	ATION	19b. COND	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a /	AUTOPSY?				NGS USED S OF DEATH?
	TIF			Section 1				YES	□ NO⊠		YES 🗌	CHOSES	NO 🗆
	CER	21a. ACCIDENT WAS U	the same	21b. TIME C	FINJURY M. MONTH D.	AV YEAR	21c. HOW INJURY OCCUR	RRED (ENT	ER NATURE OF INJUR	Y IN ITEM I	8, PART 1	OR PART 2)	
7	CAL	OR CONTRIBUTING (IF EITHER, NOTIFY MEDI			M	19							
-	MEDICAL	21d INJURY OCCU		21e. PLACE	OF INJURY	ARM ETC.)	21f. LOCATION STREET	19.10	CITY OR TOW	'N	c	OUNTY	STATE
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		sow the deceo obove, (I) (we)	sed alive or (did) (did no	ot) view the body	ofter death.	<u>33°</u> .	nd that in (my) (our) opinion	deoth oc	curred on the do	te and h	nour onc	I from the	couses stoted
		22b. SIGNATURE	178	0	1		DEGREE	MEDI	CAL STAF	-	7	22c. DAJE	SIGNED
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F. Gasch's Sons F.H. P.A. Hyattsville, Maryland

FOR - STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

NO

STATE

Maryland

12:00PM

IF UNDER 24 HRS

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STATE OF MARYLAND

FOR

08-28-65 7.45	TRURD RETURN	
STACE GEORGE'S COUNTY		
	CHEVERLY PRINCE GEORGE'S REPERAL HOSPITAL	4
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAUHYGUNE CERTIFICATE OF DEATH FOR - STATE

2 2

REGISTRAR		CERTIFICATE OF PEATIF	REO. NO.	
DECEASED NAME PAST	WOOLE	LAST	26 DATE OF DEATH MONTH DAT	TEM 78-HOUR
ERIC	٧.	CURTIS	08-09-	-83 8:58AM
1. SEX	4 RACE	5 DATE OF BIRTH	THE COURT OF STREET STREET STREET	UNDER I YEAR # UNDER 24 HES
Male	Caucasian	Jan. 30 1914	69 YRS.	TIPE DATE TOURS I MIT
BIRTHPLACE STATE OF FOREIGN COUNTRY)	JE CITIZEN OF WHAT COUNTRY?	MARRIED TO NEVER MARRIED	9 BALTIMORE CITY OR COUNTY O	FDEATH
Georgia	U.S.A.	WIDOWED DIVORCED	PRINCE GEORGE'S	M
E CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	17s USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OF
CHEVERLY	PRINCE GEORGE'S	GENERAL HOSPITAL	Ret. Printing Ma	
JE STATE   I MERSING HOME OF	ON OTHER INSTITUTION, ONE RESIDENCE REPORT INTY I 13c CITY OR TOW		134. STREET ADDRESS	20745
	ce George Oxon H:		2008 Owens Road	20142
FATHER'S NAME	METOLE LAST	IS MOTHER'S MAIDEN NA	ME	
Victor	E. Curtis	Maude	model	Herrod
WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	JRITY NO. 17. INFORMANT	5122 Boulder	Dr.
No No DE LIMENOWN) (F YES, OI	253-03-0	0987 Victor R. Cur	rtis Oxon Hill, 1	Maryland
LU CAUSE OF BEATH S.	only one couse per line (gr :a), (b), an	1. / /		BETWEEN ONSET AND DEATH
PART 2 OTHER SIGNIFICANT  IND. DATE OF OPERATION  ITAL ACCOUNT WAS UNDERSTAND	und and	DEATH OUT NOT RECATED TO THE TERM	TOP AUTOPSY? TOB IF YES, V	VERE FINDINGS USED NG CAUSES OF DEATH?
ZIL ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	IRED (ENTER NATURE OF HULLRY IN TEM HE PART	and had
OF CONTRACTION 1 1 FAME OF B		AY YEAR		
THE ETHER HOTEN MEDICAL EXAMINE  214 INJURY OCCURRED	THE PLACE OF INJURY	211. LOCATION	May me salare	country and
SAMM TON A SHOW TA	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	CITY OF TOWN	COUNTY STATE
	pital) attended the deceased from 19 pt view 189 body after death.	DEGREE	death occurred at the date and hour of	nd from the causes stated
LEWIS DENNI	S. M.D.	831 UNIVERS	ITY BLVD. SILVER S	PRING, MD
The BURIAL CREMATION REMOVA	L 736 DATE 234	name of cemetery or crematory dar Hill Cemetery	Suitland P.	

George P. Kalas Funeral Home Oxon Hill, Md. AUG 151983

BP DHMH-16 50M 7/77 (VR A 15 (4))

MPORTANT # flee

18-09-85 8:534	217905	.v	OIR
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OM JUNES SPRING NO	SEN IND 128	G,M	SIMES SINCE
Markett T.T. Septime			
	in this good	03f3	rufeN S apmell

REG NO TO DATE OF DEATH MONTH DAY YEAR 7h HOUR 1983

Prince George's

17b. KIND OF BUSINESS OR

IF UNDER 1 YEAR

Natoli Cheverly, 20785

APPROXIMATE INTERVAL 6 may TH

YES [

COUNTY

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL WYGIERS

CERTIFICATE OF DEATH

STATE

22c. DATE SIGNED 8-30-83

7501 Surratts Rd., Clinton, Md.

Burial Suitland, P.G., Maryland Cedar Hill Cem. 9 - 1 - 83

Funeral Home

24 FUNERAL DIRECTOR Robt E Wilhelm

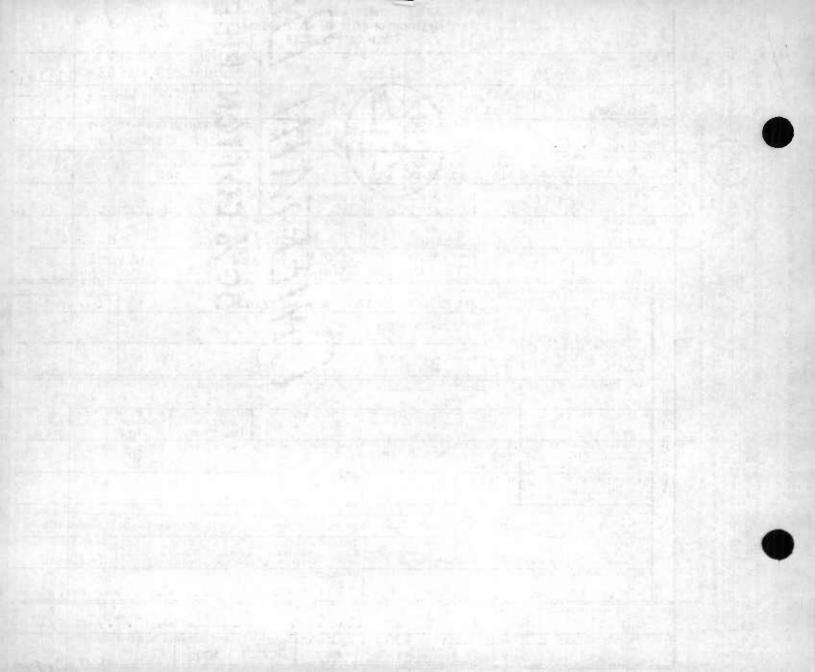
FOR

REGISTRAR

- STATE

4308 Suitlands Date REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Suitland, Md. Rd.

DHMH-16 30M 2/80 (VRA 15, 4)



		FOR			STAT DEPARTMENT OF H		ARYLAND I AND MENTAL	YGIENE	22	3 7 2	
		STATE REGISTRAR		ME	DICAL EXAMINE	ER'S C		F DEATH	REG. NO.		
		EASED NAME E OR PRINT)	RUSS	ELL	DANIELS		LAST	20. DATE OF DEATH	KNOWN ESTI-	8-8 T	YEAR 25 HOUR
	3. SE X	4.	RACE	5. DATE OF BIRTH	6. AGE (IN YEAR		DER 1 YR. IF UNDER		C	MONTH DAY	YEAR 24 HOUR
	MA	LE E	BLACK	6-11-29	54 YRS		HS DAYS HOURS	DOA			7:05
i	70 BI	RTHPLACE (STA	TE OR	76. CITIZEN OF W	HAT COUNTRY!	MARR	IED MEVER MARRI	ED 7. BALTI	MORE CITY OR	COUNTY OF DEA	ATH .
		th Car		USA	SPITAL, NURSING HOME,	WIDOW		ED D	IDATION ING	TIZE KIND	MD. OF BUSINESS
				PRINCE	GEORGES GEN	VERAL		for most of wo	ORKING LIFE)	OR IN	NDUSTRY
	13a S	TATE Ylar	I 13h COUN		13 CITY OR TOWN Kent Iand	N)	134. INSIDE CITY LIMITS? YES NO	13.7 TO 9 E	Fore	st Road	20785
Ì	14. FA	THER'S NAME		MIODLE	LAST		15 MOTHER'S MAIDE	NNAME	MIDDLE	LAS	31
		Eennie			Daniels		Aureli			Smith	
1	(Y)	AS DECEASED S, NO, OR UNKNOW 10		MED FORCES? WAR OR OATES)	166 SOCIAL SECURITY 247 44 75		Mrs. Anr Forest F	nie Mae Road, Ke	Danie 1 ntland	s-wife-	-7109 E land
F		18 CAUSE OF	DEATH (Enter on TH WAS CAUSE		for (o), (b), and (c).)	TT.C	CAPDIOVACO	NII AD DIC	FACE	APPRI BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH
		470		TE CAUSE (a)	RTERIOSCLERO		CARDIOVASC	ULAR DIS	EASE		- 4
		Conditions	, if any, which		AS A CONSEQUENCE O	) <del> -</del>				1998	
			to immediate		AS A CONSEQUENCE O	)F				-	
		lying couse									
	z	PART 2 DTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	NAL DISEAS	E DR CONDITION GIVEN IN PA	RT 1 (a)			1
	TIO	19a, DATE OF C	PERATION	19h CONDI	TION FOR WHICH OPERA	TION W	/AS PERFORMED?			29 AU	TOPSY?
	FIC										s NoX
	CERTIFICATION	210 EXTERNAL		216. TIME O		21c. H	OW INJURY OCCURRE	D LENTER NATURE OF	NJURY IN ITEM 18 PAI		
		UNDERLYING CONTRIBUTING	□ OR G □ CAUSE OF	DEATH P.A	A. MONTH DAY YEAR						
	MEDICAL	21d. INJURY OC	CURRED	21e PLACE	OF INJURY (AT HOME,		CATION	CITY OR 1	OWN	COUNTY	STATE
	2		NOT WHILE [					CITT OK I			917714
		22a I certify	that I taak char	ge of the remains de	scribed above, held an	Autap	sy , Inspection	n 🗶 , Inquir	y X, and	ın my apınıan	
Ì		deoth resulted	I from: Notu	rol causes	pecident . Suit	ode [	Hamicide .	Undetermined r	nanner,		
		ACTUAL	Nin	11 XX	Laker	/	TITLE (SPECIFY)			DATE O O	0.7
		SIGNATURE	Juga	my /	myury		DEPUTY	MEDICAL EXA	MINER	SIGNED 8-9	-83
	_	EXAMINER'S N	AMALICIET	n p po	DRIGUEZ. M.E			AVOLION	T CANA	CODINC	C MD
1	73n B	(TYPE OR PRIN'	T. Inchise to 1	23h DATE	Tar. NAME OF CEM	ETERY C	ADDRESS 5009 R	173d LOCATION	T., CAME		207/10
1	(1	Bur ial		August 1	3,1983 Mor	e's	Chapel (	Charch	Cemeter	ry, Dunk	ins, S.C
		UNERAL DIRE	9/201	Starke	et III		250. DATE	REC'D. BY REGISTE		RAR'S SIC MATUR	
	St	ewar	Funera	I Home	1001 Benni	ng .	Road NE	1 0 1303	a min	- Com	~

Court Carelina Ut PRINCE LINKER HE BEAL HOPPITAL TOTAL DITCH NOW GET Brisling I THE R mela [org 9 mel s. note le l'elereset on the trees AUTOSTO P. POLSTSJET, M.D. . SONI SAYUEN CT. CAMP SPRIAGELIAN uncili, la cala de como de ete , bunine, I TO THE STATE OF the Land Turner Land et al. E. H. B.

FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAGHYO	ELENE 2 2 3	7 5
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	
DECEASED NAME FIRST	MIDDLE LAST	20. DATE OF DEATH MONTH DAY	28 110 OK
L	ILLY C. DAVIS	08-03	-83 3:50PM <sub>M</sub>
I. SEX	4. RACE S. DATE OF BIRTH	MO	UNDER I YEAR IF UNDER 24 HRS
Female			
COUNTRY DC	USA MARRIED WEVER MARRIED WIDOWED DIVORCED	PRINCE GEORGE'S C	
O. CITY OR TOWN OF DEATH  CHEVERLY	PRINCE GEORGE S GENERAL HOSPITAL	Refugie Occupation	12b. KIND OF BUSINESS OR INDUSTRY NONE
	136. CITY OR TOWN 138. INSIDE CITY LIMITS?	130 STREET ADDRESS	nle Oaks Wi
	15. MOTHER'S MAIDEN NA		tpre vans me
FIRST	MIDDLE LAST Lilly F	earl Dean	LAST
WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS	
(YES NO OR UNKNOWN) (IF YES.	578 32 7284. Nathanie	l J Davis, Sr	
18 CAUSE OF DEATH (Enter	only one couse per line for (a) b), and (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		ent	4 min
4019	DUE TO, OBAS A CONSEQUENCE OF	. 0	
Conditions, if ony, which	( b) Severe Right heart	alue	year
cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF		10.1
	tuemorany hypercone	<u>m</u>	1102/10
		MINAL DISEASE OR CONDITION GIVEN	IN PART ITO
190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		WERE FINDINGS USED
TE		YES NO YES	NG CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING		RED (ENTER NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2)
OR CONTRIBUTING CAUSE OF	- Carrier - Carr		
21d. INJURY OCCURRED		CITY OR TOWN	COUNTY STATE
AT WORK AT WORK			0.3
	spriory distributed in deceased from	, to, 19	83, that (1) (we) last
	on	death occurred on the date and have a	
22b. DIGWATURE	2 GOOT INDESTREE ATTENDING	. MEDICAL STAFF	22c. DATE SIGNED
todase	2. PHYSICIAN	DIRECTOR   PHYSICIAN	
11/1		Idea South	nd, Md 2074
			ma vica Lord
230 BURIAL, CREMATION, REMOV		CITY OR TOWN	COUNTY STATE
NAME TONERAL DIRECTOR DU	ATTO NE DORESS		AK 3 SIGNATURE
	DECEASED NAME (TYPE OR PRINT)  3. SEX  Female  70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)DC  10. CITY OR TOWN OF DEATH  CHEVERLY  USUAL RESIDENCE (IF NURSING HOME FIRST  13b. CQ  4. FATHER'S NAME FIRST  100 WAS DECEASED EVER IN U.S. (1F YES.  (YES. NO OR UNKNOWN)  11B. CAUSE OF DEATH LENTER PART I. DEATH WAS CAU  (YES. NO OR UNKNOWN)  1790 DATE OF OPERATION  PART 2. OTHER SIGNIFICAN  1790 DATE OF OPERATION  1790 DATE OF OPERATION  1790 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IF EITHER NOT WHILE ATWORK AT WORK  220. I CETTIFY that (I) (this hose while cause of it) SOW the deceased alive while cause of its of	DEPARTMENT OF HEALTH AND MENTALTHY CENTIFICATE OF DEATH    STATE REGISTRAR	DEPARTMENT OF HEATTH AND MENT ART NYGENE  STATE  CERTIFICATE OF DEATH  CERTIFICATE OF DEATH  REG. NO.  1.0 ECEASED NAME  CITIZEN OF WHAT  CONVEY C.  DAVIS  1.0 DATE OF DEATH  NOTE  TO 1/24  THAT  TH

DR-03-83 \$:50PM	LILLY C. EAVIS
YT/UCS STREETS COUNTY	
	CHEVERLY PRINCE GEORGE'S GENERAL MOSPITAL
Way and Justine Jaw	with the terminal thanks

	L	FOR STATE REGISTRAR CEASED NAME FIRST	MIDDLE		OF HEALTH AND MENTAL HYC	REG. NO.	DAY YEAR 2b. HOUR	
oth 3		EOR PRINT) Walter	Α.	Da	vidson	August 28, 19	10. HOOK	
degrii. Poge 4 may be funeral directo, poge 3 hin 72 hours offer death		X	4. RACE	5. D/	ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS	
		Male	THE CITIZENI OF WHAT COUNTRYS &		t. 14, 1902	VER MARRIED DIVORCED Prince George's County  R INSTITUTION  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  190. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY		
		IRTHPLACE (STATE OR FOREIGN COUNTRY)  Dakota			RRIED NEVER MARRIED			
by the fundified within	10. CITY OR TOWN OF DEATH  Lanham				i)			
filled in ould be	13a.		NTY 13c. C	SIDENCE BEFORE ADMISS ITY OR TOWN everly	13d. INSIDE CITY LIMITS? YES K NO	13e STREET ADDRESS 3114 Belleview	culture Ave. 20785	
completely 1 and 2 sh	A	ATHER'S NAME FIRST ndrew		idson	15 MOTHER'S MAIDEN NA FIRST  Lauretta	MIDDLE	Beck	
physicion and composition and			RMED FORCES? IVE WAR OR DATES)	8=44=3850 6-44-3858	Mrs. Martha		ddress Same as    o# 13e.	
DING PHYSICIAN: The low requires that the death ce or attending physicion.  After this certificate base been signed by the attending east the busicierrossis permit. Then please remove carbo loth and Mental Hygiene prior to buriol, cremation, or marked or tem 18 shows ony injury, or other troumatic.	NOI	gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRI	cer	BUT NOT RELATED TO THE TERM	LINAL DISEASE OR CONDITION C		
	CERTIFICATION	190. DATE OF OPERATION			ATION WAS PERFORMED	YES NO	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO	
	MEDICAL CE	27g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. A	MONTH DAY Y	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 1	18 PART I OR PART 2}	
		21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF IN. (AT HOME, STREET, FAC	JURY CTORY, OFFICE, FARM, ETG	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE	
R. A Col		220. I certify that (I) (this hospital) attended the deceased from 48 17, 1981, to 41815, 1983, that (I) (we) lost sow the deceased alive on 418 15, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not view the body after death.						
spitol CTOR I for u of He		226. SIGNATURE	Dodo	2-	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	221. DATE SIGNED Aug . 29 , 1983	
ALOK ATTE the hospito ALDIRECTO etoched for te Dept. of h		1 una						
hospito hed for ept. of h		22d PHYSICIAN'S NAME (TYPE) Mark D. Goldma			6525 Belcres	t Rd. Hyatts. M	id.	

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, tel fices commetteringed Mirabellining, committee		1650-60-421		
		national Lig	y y d	
Winds Jeans Sign of 936				

	A	FOR STATE REGISTRAR CEASED NAME	FIRST	DEPART	CERTIFIC	ATE OF DEATH	REG. NO.  120. DATE OF DEATH MON	ITH DAY YEAR	2b. HOUR
t to	(TYPE	Blanche	C.	De Haven			08/29/83	III DAT ICAK	2:00P A
s ofter death	3. SE		4. RACE	Caucasian	5. DATE OF	BIRTH  1/28//44. YEAR	6. AGE (IN YEARS LAST BIRTHDAY	Y IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
n 72 hour		RTHPLACE (STATE OR F	OREIGN 76 CITIZI	N OF WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR CO	11100	MD.
A STATE OF THE STA	1	ITY OR TOWN OF DEA	(IF NO	NE OF HOSPITAL, NURSIN OT IN SUCH FACILITY, GIVE STREET Clinton Conv	valescent		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR  OPERATOR	RKING LIFE) INDUSTRY	or Business or one Company
NX	13a. S	AL RESIDENCE (IF NURS) STATE LIC	NG HOME OR OTHER INST 13b. COUNTY	130. CITY OR TOV		Id. INSIDE CITY LIMITS?	13e STREET ADDRESS 426 New Je	rsey Ave. 5	9999 E.199
700	14. FA	Francis Elli	MIDDLE	LAST	1:	Blanche Bri	MIDDLE	LAS	ST.
Popm	16a V	VAS DECEASED EVER YES, NO OR UNKNOWN)	N U.S. ARMED FOR (IF YES, GIVE WAR OR D			7. INFORMANT Yvonne M. Furka	Granddaughte	Parkland	Md MATE INTERVAL ONSET AND DEATH
en please remarke as s bural, crematian, ury, or other trauma	z	Conditions, if ony, gove rise to imm cause (a), stating underlying cause  PART 2. OTHER SIGN	ediate g the DUE	TO, OR AS A CONSEOU	JENCE OF	Heart Disease	inal disease or condition	ON GIVEN IN PART 1	a,
10	CERTIFICATION	19a. DATE OF OPERAT	ION 196.	CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY? 200 IN	b. IF YES, WERE FIND I CERTIFYING CAUSES YES [	NGS USED S OF DEATH? NO
1117	1 5	210. ACCIDENT WAS UND		IME OF INJURY UR A.M. MONTH D	AY YEAR	11c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)	
Mental Hygier or flem 18 show		OR CONTRIBUTING CO	AL EXAMINER) ED 21e. I	P.M. PLACE OF INJURY		If LOCATION	CITY OF TOWAL	COUNTY	STATE
or use as the burial-training to the although ond Mental Hygoresel is marked or them 18 show	MEDICAL C	(IF EITHER, NOTIFY MEDIC  21d. IN JURY OCCURR WHILE NOT WH AT WORK NAI WOR  220.1 certify that (1) saw the decease	ED 21e. I	PLACE OF INJURY OME, STREET, FACTORY OFFICE, die the deceased fram	FARM, ETC.) 2-2	STREET 82	city or town	COUNTY  9 . 19	state that (I) (we) last
detacked for use or the burial-framit per ofe Dept. of Health and Nemal Hyger- IT: If them 21 is marked or them 18 show		(IF EITHER, NOTIFY MEDIC  21d. IN JURY OCCURR WHILE NOT WH AT WORK NAI WOR  220.1 certify that (1) saw the decease	ED 21e. I (AT H k (this hospital) atten	PLACE OF INJURY OME, STREET, FACTORY OFFICE, die the deceased fram	FARM, ETC.) 2-2 83, and	street 82 , 19 that in (my) (aur) apinian	, to	9 19 83 and hour and from the 22c. DATE 8 = 3	that (I) (we) last causes stated
hould be detached for use or the burial-framit print the Stote Dept of Haalth and Menhal Hygura, WPORTANT: If hem 21 is marked or hem 18 show	MEDICAL	(IF EITHER. NOTIFY MEDIC 21d. IN JURY OCCURR WHILE NOT WHAT WORK AI WOR 220.1 certify that (I) saw the decease above, (I) (we) (d	ALEXAMINER)  ED  (AT M  (It is no spital) after  d olive an id (did not) view th	PLACE OF INJURY OME, STREET, FACTORY OFFICE, due the deceased fram 19 a bady after shorth.	2-2-83 , and	street 82 , 19 that in (my) (aur) apinian	, to	9 19 83 and hour and from the 22c. DATE 8 = 3	that (I) (we) last causes stated

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NAME:

Leona Ann Digman

DATE OF DEATH:

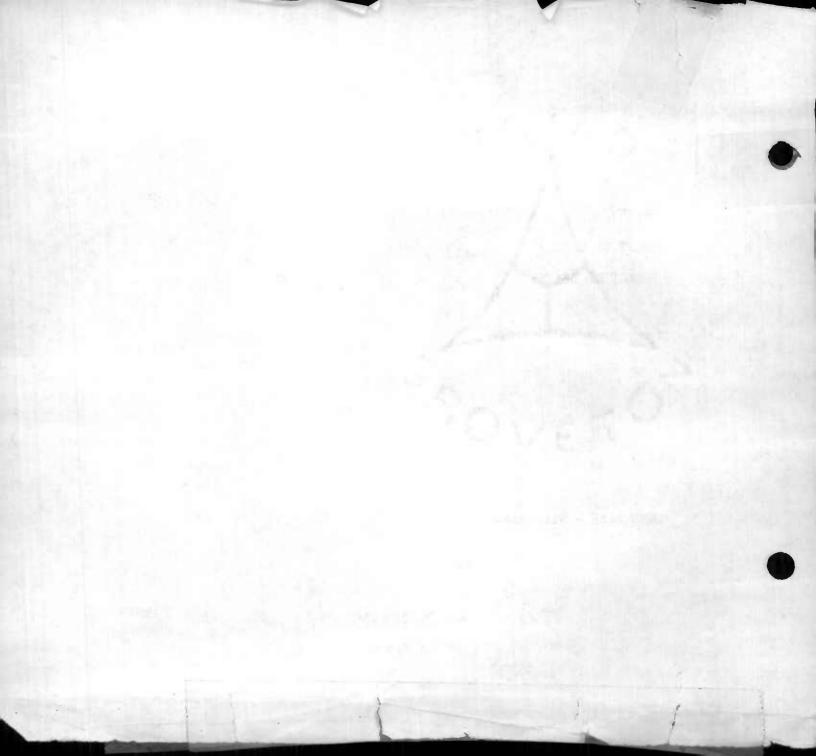
August 30, 1983

PLACE OF DEATH: Prince George's Co.

SEE: #83-22497

Leona Anna Pigman

DHMH 2485 - Vit. Rec.



DE STATE MA. 136 CO Md. MAS DECEASED EVER IN U.S. (18 YES. NO OR UNKNOWN) NO MO. (18 YES. 18 YES.	MIDDLE  A. RACE WHITE  Th. CITIZEN OF WHAT COUNTRY  U.S.  11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE DOCTORS HOSPITAL UNTY  OR OTHER INSTITUTION, GIVE RESIDENCE BEFOLUNTY  COLLEGE  MIDDLE  ARMED FORCES?  ARMED FORCES?  CONNE  ARMED FORCES?  213-38-0  Only one couse per me for 101, (b), one	MARRIED NEVER MARRIED NOT	REG. NO.  20. DATE OF DEATH MONTH DAY AUGUST 11,  6. AGE IN YEARS LAST BIRTHDAY) 78  9. BALTIMORE CITY OR COUNTY OF Prince George's  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Attorney  130. STREET ADDRESS 6800 Westchester  MIDDLE  ADDRESS 4209 Ammendale Reference	1983 10:00p  UNDER 1 YEAR FUNDER 24 HRS  WITHS DAYS HOURS MIN.  F DEATH  County M  172b. KIND OF BUSINESS OF INDUSTRY  Self employed  Park 20740  Card
DECEASED NAME TYPE OR PRINT)  HELEN  SEX  FEMALE  B. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Washington, D. C.  CITY OR TOWN OF DEATH  Lanham  SUAL RESIDENCE (IF NURSING HOME 30. STATE PRINT  Esquire  MC.  I. FATHER'S NAME FIRST  Esquire  MC.  I. FATHER'S NAME (YES, NOOR UNKNOWN)  I. CAUSE OF DEATH (Enter- PART I. DEATH WAS CAU	CONNER  4. RACE WHITE  7b. CITIZEN OF WHAT COUNTRY  U.S.  11. NAME OF HOSPITAL, NURS: (IF NOT IN SUCH FACILITY, GIVE STREE DOCTORS HOSPITAL UNTY COLLEGE  MIDDLE  ARMED FORCES?  16b. SOCIAL SEC GIVE WAR OR DATES)  213-38-0  only one couse per me for 101, (b), one	DITMAN  5. DATE OF BIRTH  MONTH  6 14 1905  8.  MARRIED   NEVER MARRIED   NEVE	August 11,  6. AGE IN YEARS LAST BIRTHDAY)  78  9. BALTIMORE CITY OR COUNTY OF  Prince George's  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Attorney  130. STREET ADDRESS 6800 Westchester  ME  MIDDLE  ADDRESS	1983 10:00p  UNDER 1 YEAR FUNDER 24 HRS  WITHS DAYS HOURS MIN.  F DEATH  County M  172b. KIND OF BUSINESS OF INDUSTRY  Self employed  Park 20740  Card
SEX FEMALE  D. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Washington, D.C. CITY OR TOWN OF DEATH Lanham  SUAL RESIDENCE (IF NURSING HOME FIRST)  Esquire Md.  FATHER'S NAME Esquire (YES, NO OR UNKNOWN) NO  18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	4. RACE  WHITE  7b. CITIZEN OF WHAT COUNTRY  U.S.  11. NAME OF HOSPITAL, NURS:  (IF NOT IN SUCH FACILITY, GIVE STREED  OR OTHER INSTITUTION, GIVE RESIDENCE BEFORM  UNTY  I 3c. CITY OR TO'  College  MIDDLE  GIVE WAR OR DATES)  213-38-0  only one couse per monitor (o), (b), one couse per monitor (o), (c), (c), (c), (c), (c), (c), (c), (c	S. DATE OF BIRTH  MONTH 6 14 1905  8 MARRIED   NEVER MARRIED   WIDOWED   DIVORCED   NG HOME OR OTHER INSTITUTION TADDRESS) AL Of P.G. CO  READMISSION VN 13d. INSIDE CITY LIMITS? Park YES   NO   15. MOTHER'S MAIDEN NA FIRST  Mary  URITY NO. 17. INFORMANT	6. AGE IN YEARS LAST BIRTHDAY) 78 YRS. 9. BALTIMORE CITY OR COUNTY OF Prince George's 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Attorney  13a. STREET ADDRESS 6800 Westchester  MIDDLE  MIDDLE	FDEATH County M 126 KIND OF BUSINESS OF INDUSTRY Self employed Park 20740 Card
FEMALE  D. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Washington, D. C.  D. CITY OR TOWN OF DEATH  Lanham  SUAL RESIDENCE (IF NURSING HOME 13 STATE 13 CO Md.  D. FATHER'S NAME FIRST  Esquire MCC  10. WAS DECEASED EVER IN U.S. (YES. NO OR UNKNOWN) (IF YES. NO NO UNKNOWN)  NO  18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	WHITE  76. CITIZEN OF WHAT COUNTRY  U.S.  11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STREED  DOCTORS HOSPITAL  OR OTHER INSTITUTION, GIVE RESIDENCE BEFO  UNITY  OR OTHER INSTITUTION, GIVE RESIDENCE BEFO  COLLEGE  MIDDLE  GIVE WAR OR DATES)  213-38-0  only one couse per implior (o), (b), one couse per implior (o), (c), one couse per implior (o), (c), one couse per implior (o), one cous	MONTH 6 14 1905  8 AARRIED NEVER MARRIED NOT	6. AGE IN YEARS LAST BIRTHDAY) 78 YRS. 9. BALTIMORE CITY OR COUNTY OF Prince George's 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Attorney  13a. STREET ADDRESS 6800 Westchester  MIDDLE  MIDDLE	FDEATH  County  12b. KIND OF BUSINESS OINDUSTRY Self employed Park 2074
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	(c) Aykera	SCLEAS CEROSS  DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 20b. IF YES, V	WERE FINDINGS USED NG CAUSES OF DEATH?
	216. TIME OF INJURY HOUR A.M. MONTH	PAY YEAR 216. HOW INJURY OCCUR		
(IF EITHER, NOTIFY MEDICAL EXAMILE  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY	19 211, LOCATION STREET	CITY OR TOWN	COUNTY STATE
220.1 certify that (I) (this has saw the decreased alive above HT(we) (did) (did) 22b. SIONATURE	on 18 19 19 19 19 devise the body after death.	DEGREE ATTENDING	MEDICAL STAFF	one 3:, that (1) (we) look and from the couses stated 22c. DITE SIGNED
36. BURIAL, CREMATION, REMOV. (SPECIFY) Removal	AL 236. DATE 23c 8/13/83	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
ì	gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN  19e DATE OF OPERATION  21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF COURTED WHILE NOT WHILE AT WORK AT WORD	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO  19e DATE OF OPERATION  19e CONDITION FOR WHICE  21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, AT WORK AT WORK  22e. I certify that (I) (this hospital) attended the deceased from, sow the decreased alive on obove HT (we) (did) (did not) view the body after death.  22b. SIGNATURE  22b. SIGNATURE  22c. I certify Removal  23b. DATE (SPECIFY)  Removal  ADDRESS.	gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 190 DATE OF OPERATION  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING CONDITION FOR WHICH OPERATION WAS PERFORMED  210. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  211. LOCATION STREET  2120. I certify that (I) (this hospital) attended the deceased from STREET  2120. I certify that (I) (this hospital) oftended the deceased from STREET  2120. SIGNATURE  DEGREE  ATTENDING PHYSICIAN'S NAME (TYPE OR PRINT)  2120. BURIAL, CREMATION, REMOVAL (SPECIFY)  REMOVAL 8/13/83  FUNERAL DIRECTOR	Conditions, if ony, which gove rise to immediate couse (oi), storting the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN  190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING   210. TIME OF INJURY   210. HOW INJURY OCCURRED   200. AUTOPSY?   200. IF YES,   VIN CERTIFYING   YES   NO   YES   YES   NO   YES   YES   NO   YES   YES

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3 30	MALE	WHITE	Nov.20,14		YRS.		HOURS MIN	PRONOUNCE DEAD		8 24 198	14 11001
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	AL RESIDENCE (IF IF STATE Md	13b. COUNTY	OTHER INSTITUTION, GIV	13c. CITY OR TOWN	SSION)	13d INSIDE CI	Y LIMITS? 13e S	treet address 421 Gorn		0	0707
	ATHER'S NAME		MIDDLE	LAST		Et	R'S MAIDEN NAM	ME		Will	
	Edward WAS DECEASED EV	(ED IN) II C. ADAM	E.	Divvens		Ma 17. INFORM	rtha		DDRESS	MITT	Lams
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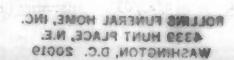
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X MONTH 2h HOUR (TYPE OR PRINT) DRAKE, Jr. ESTI-E. **ERNEST** DEATH MATED AUGUST 9.083 4 RACE DATE OF BIRTH 6. AGE (IN YEARS SEX IF UNDER 1 YR. IF UNDER 24 HRS DATE 24 HOUR 900 LAST BIRTHDAY PRONOUNCED MALE WHITE DEAD 1-6-27 56 AUGUST Q To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED North Carolina U.S.A. Prince Georges WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b KIND OF BUSINESS Ret. Electrician CHEVERLY 2, AND 3 TO T 3. RETAIN PA SHOULD BE F PRINCE GEORGES GENERAL JSUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS Prince Geo. Hvattsville 13d. INSIDE CITY LIMITS? 5001 70 Avenue Maryland 20784 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME FPAGE.
FORM PA.
STAND2 EMIDDLE MIDDLE Lelia Ernest Drake. Sr. Furlong 17 INFORMANT ADDRESS 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO (YES NO, OR UNKNOWN) ILYES, GIVE WAR OR DATES) 577 32 3233 Korean Annette Drake Same as #13 (Wife) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIABETIC ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. CERTIFICATION EMPHYSEMA 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HE PRIOR TO BURIAL, NO X 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOUID BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 Inquiry X 22e. I certify that I taak charge of the remains described above, held an Autopsy Inspection & and in my apinian Suicide L Hamicide Undetermined manner Natural causes Accident TITLE (SPECIFY) Deputy MEDICAL EXAMINER ADDRESS 5009 Rayburn Ct. Camp Springs, Md. 2074 EXAMINER'S NAME Augusto P Rodriguz, I.D 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE 8/12/83 Burial Stonewall Mem. Gardens Manassas Va. BP Prancis Gasch's Sons Funeral Home. P.A. 250. DATE REC'D, BY REGISTRAR 25h REGISTRAR'S SIGNATURE **DHMH - 17** Hyattsville, Maryland (VR A15 ME (5)) 20M 4/82

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 7b HOUR MONTH CTYPE OR PRINT! ESTI-COLEMAN DEATH MATED DRUMMOND 19 83 16 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR S. DATE OF BIRTH 7:10 IF UNDER 24 HRS DATE PRONOUNCED MALE BLACK AUG. 15 1915 19 83 DEAD DM Th CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! SOUTH CAROLINA U.S.A. Prince George's WIDOWED DIVORCED County IR CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFET Dept of Sanit 4903 Addison Rd. Laborer Fairmont Heights RETAIN PU JOULD BEI USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND YES X 20743 SHO NO 4903 ADDISON RD. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST TENSLEY DRIIMMOND SALLIEWITLITAM 1313 Oxon 17. INFORMANT 166 SOCIAL SECURITY NO. DIVISION PAGES (YES, NO. OR LINKNOWN) 251-10-5431 Mary B. Gassaway NO. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound to head (unspecified weapon) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF HEALTH AND MER AL, CREMATION, O lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E CHIEF BE USED BURIAL, YES X NO [ 21a EXTERNAL CAUSE WAS FORWARDED TO THE 21b TIME OF INILIRY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING P.M. 8-16-Subject shot. CONTRIBUTING CAUSE OF DEATH 1983 2 e PLACE OF INJURY (AT HOME 21f LOCATION PR 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE C BALTIMORE, MARYLAND, 21201 4903 Addison Rd. Fairmont home Heights. Prince George 220 I certify that I took charge of the remains described above, held an Homicide X death resulted from: Suicide Undetermined monner Notural couses TITLE (SPECIFY) ACTUAL DATE SIGNED 8-18-83 M.DAssistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 111 Penn St., Balto., Md. 21201 Ann M. Dixon. M.D. 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Landover Prince Georges MD Harmony Memorial Park BP 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SICHATURE 24 FUNERAL DIRECTOR AS FLINERAL HOME, INC. **DHMH - 17** 4339 HUNT PLACE, N.E. (VR A15 ME (S))

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STATE OF MARYLAND



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"Franciscon's Sons Funeral Home, P.A.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTI REGISTRAR REG. NO DECEASED NAME a. DATE KNOWN Duncal (TYPE OR PRINT) OF ESTI-4. RACE 6 AGE (IN YEARS AST BIRTHDAY DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED 1925 Aug DEAD 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 1. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED TO NEVER MARRIED USA WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY A.L. Hutton Leland Memorial Hospital Carpenter USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY Hyattsville 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland YES \_ NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Duncal Irenie Wilson Tommy 7. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 579-80-5474 Mrs. Gertrude Duncan/wife/same as 9d 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (s). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [ 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 71c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH PM 21e PLACE OF INJURY (AT HOME. If LOCATION STREET, FACTORY, FARM FTC 1 STREET CITY OF TOWN COUNTY STATE WHILE WHILE AT WORK 27a I certify that I took charge of the remains described above, held on Autopsy Inspection and in my apinian EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FOUNDER TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAN death resulted fram: Hamicide \_\_\_ Undetermined monner TLE (SPECIFYA MEDICAL EXAMINER EXAMINER'S NAMÉ 73a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR 23d. LOCATION COUNTY STATE 8-26-83 Ft. Lincoln Burial Brentwood Md 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** John T. Rhines Co., 3015 12th St.N.E., D.C. A10012 (VR A15 ME (5)) 20M 4/B2

death certificate be

signed by the ottending physicion and campletely filled in by the funeral director, p

should be detached for use as the burial-transit permit. Then please remave corban papers. Pages 1 with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low recteroined by the hospitol or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumatic event, the

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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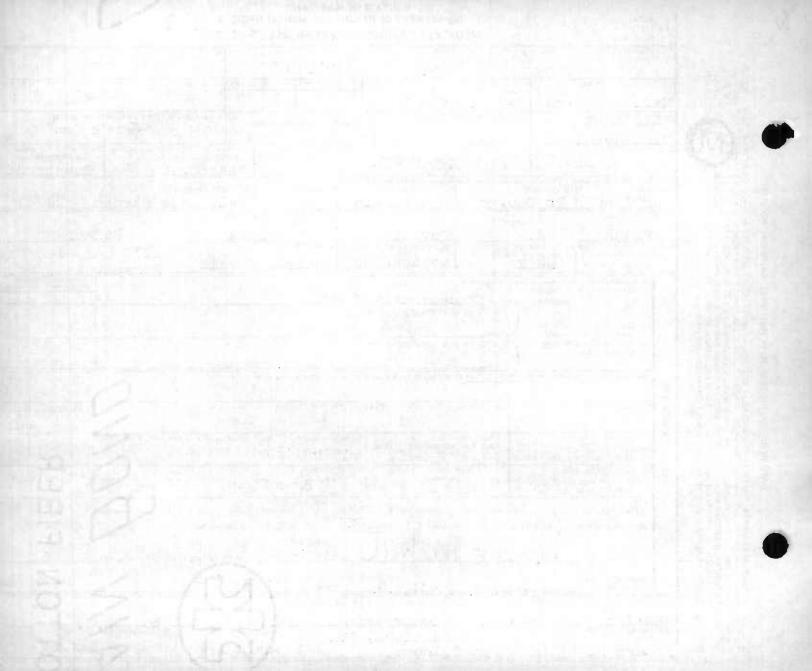
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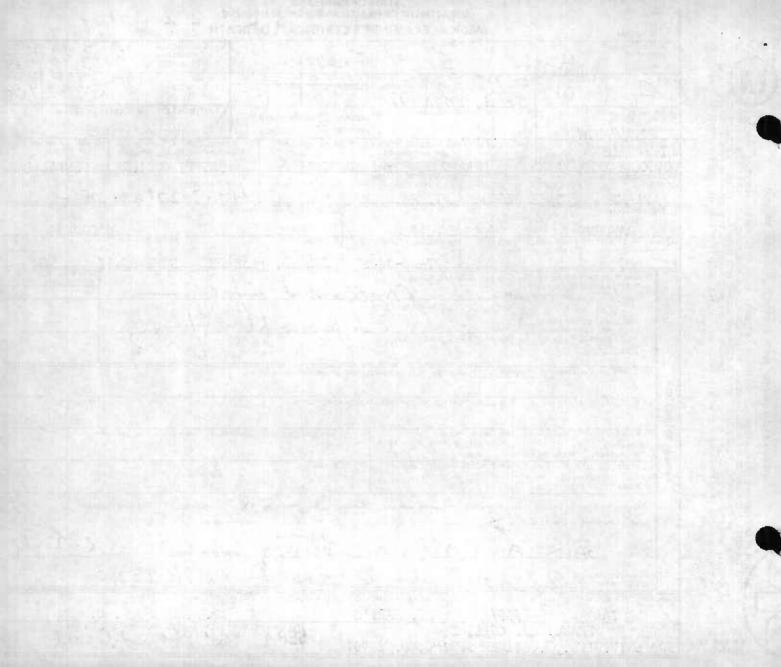
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STATE OF MARYLAND



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10.	I. DE	CEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN TO MONTH	DAY YEAR 26. HOUR
S E	(TYP	EORPRINT) Rut	h E Fessler DEATH MATED 0 8	26,83 9-46
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SGHZA		NO	577-40-0402 JOHN S. FESSLER SAME AS 13	SON
, 20 B		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	one cause per line far (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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S, 3		PART 2 OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
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<b>∞</b> ⊢ ○			of the remains described above, held on Autopsy L., Inspection M., Inquiry L., and in my apin	ion
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J = O → + ≥		ACTUAL SAID	A. DASS M. Debuty MEDICAL EXAMINER SIGNED	8-27-83
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TO PAGE	23o, B	SPECIFY)	b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNT.	Y STATE
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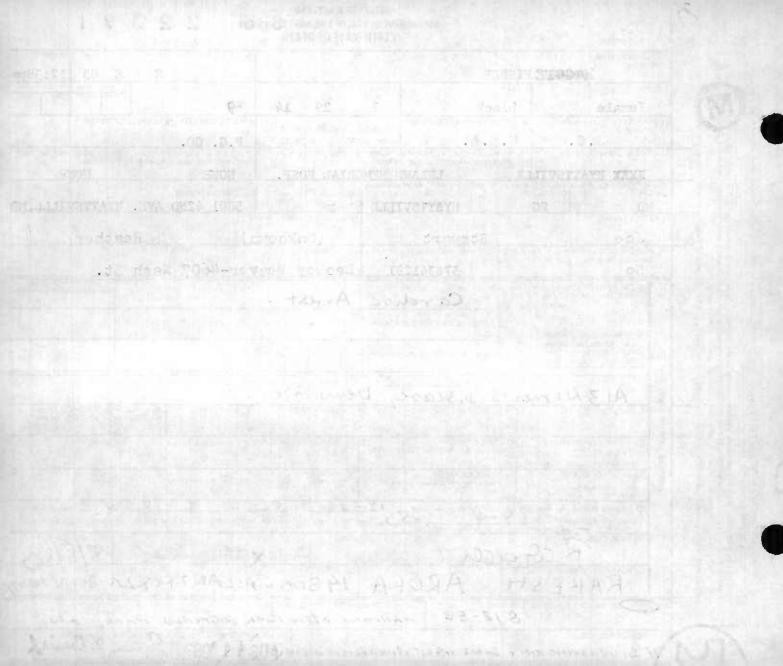
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24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND



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24. FUNERAL DIRECTOR

Singleton Funeral Home, Glen Burnie, MD

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- FOR - STATE CERTIFICATE OF DEATH REGISTRAR LAST 7g. DATE OF DEATH MONTH DECEASED NAME 2b. HOUR (TYPE OR PRINT) WILLIAM Alfred FISHER, SR 9:50 PM AUGUST 26, 1983 6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR 3 SEX MONTH White March 2, 1927 Male 56 THPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED U.S.A. Maryland WIDOWED DIVORCED PRINCE GEORGES COUNTY CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION USUAL OCCUPATION 126 KIND OF BUSINESS OR ( IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 802 Laurel Welder Local GREATER LAUREL BELTSVILLE HOSPITA SUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 30. STATE 1131. CITY OR TOWN 30. STATE 13e STREET ADDRESS / ZIP CODE 134 INSIDE CITY LIMITS? 7115 Ridge Road 21076 Maryland A.A. Hanover NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Edna Dehn Fisher Clarence L. **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Wife Same LYES. NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 218.22.6491 Hilda L. Fisher Yes APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE QU melas Sircinoma Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES T NO | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL P.M 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 71e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from. 26 -19 P13 August sow the deceased alive on. ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did not) view the body ofter death 22c DATE SIGNED 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME ITYPE OF PRINT! 22e ADDRESS 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN COUNTY (SPECIFY) Aug, 31,83 Meadowridge Mem Pk Burial Elkridge Howard

DHMH - 16 50M 4/83 (VRA 15, 4)

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ADDRESS Suitland, Md

Robert E. Wilhelm Funeral Home

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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FOR - STATE

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24. FUNERAL DIRECTOR

DHMH - 16 50M 4/82 (VRA 15. 4)

I. DECEASED NAME

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE S CERTIFICATE OF DEATH REG. NO. LAST 20. DATE OF DEATH 25 HOUR Flory 1983 August 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH Prince George's 12a, USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker At Home 134 STREET ADDRESS 6421 Sargent Road , Pultz ADDRESS M. Kathryn Pourhassani, (same as APPROXIMATE INTERVAL Sudden Unknown CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I YES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

> COUNTY STATE

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FOR - STATE

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24. FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL YGIENE

CERTIFICATE OF DEATH

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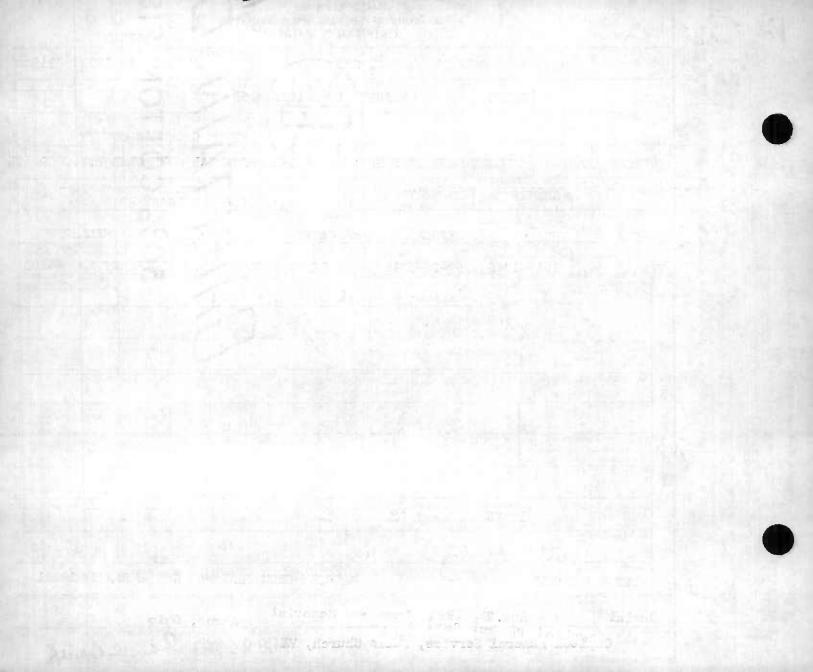
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STATE OF MARYLAND

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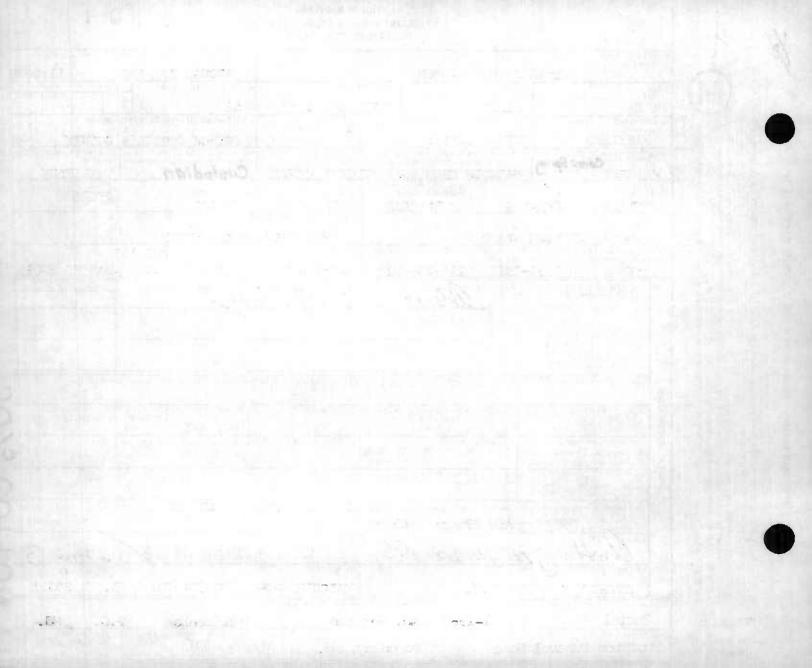
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		DECEASED NAME	FIRST		WIDDLE	116-1-4	LAST	72.1	20. DATE OF DEATH		DAY YEAR	2b. HOUR
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equires that the death or a signed by the attendin Then please remove cark it to burial, cremation, or injury, or ather traumatic			immediate ating the use last.	(c)_		SEQUENCE OF	I NOT RELATED	TO THE TERMIN	NAL DISEASE OR CO	NDITION GIV	EN IN PART 11	o'
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1. OR ATTENDING the hospital or of L DIRECTOR: Affer stacked for use os: et Dept. of Health of if frem 21 is mark		220:1 certify that	WORK		The death.		nd that in (my) ( DEGREE Al	TTENDING		date and hou		
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DHMH - 16 50M 4/82	2	FUNERAL DIRECTOR	2		ADD	9544 3	7	250. DATE	RECID. BY REGISTRA	R 216 REGIST	RAR'S SIGNAT	URE"

ADDREPOMONKey, Md.

Thornton Funeral Home

(VRA 15, 4)

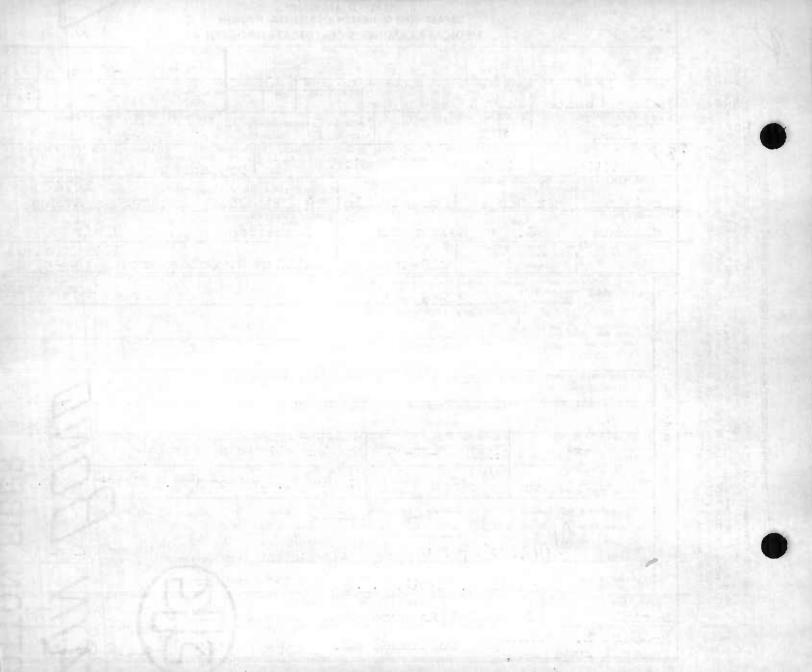
STATE OF MARYLAND



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 2a. DATE KNOWN 26 HOUR MONTH TYPE OR PRINT! OF ESTI-FUNERAL DIRECTOR.
FOR YOUR FILES.
WITHIN 72 HOURS
W. PRESTON STREET, GEORGE ROBERT DEATH MATED 8-27-8319 4 RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 2d. HOUR DATE 2:19A 8-27-83 LAST BIRTHDAY PRONOUNCED DEAD July 8 1964 Male White 1 9 YRS To BIRTHPLACE (STATE OF 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland USA Prince George's WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Grow USAF Medical Center Forestville Malcolm Dependent USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 20747 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MD. 2126 136 COUNTY 13c. CITY OR TOWN Wintergreen Avenue Forestville YES ( 2516 Maryland Pr Geo 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Goldsworth Blair Catherine 16s. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 1905 Michael William G. Goldsworth Waldorf, 219-86-8092 No 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Flectrocution DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IA ED AS A F CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? USED, E CHIEF BE USED YES XX NO 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD subject climbed a power pole UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY Viceroy St. at Lacona ost. District Hgts., Md. AT WORK NOT WHILE TO MEDICAL EXAMINER: THIS CES EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYDAND, 2120 P STREET, FACTORY, FARM, ETC.) 220 I certify that I took charge of the remains described above, held on and in my apınıan Undetermined manner death resulted from: Accident Notural causes TITLE (SPECIFY) 8-27-83 ACTUAL pAssistant SIGNATURE 111 Penn Street EXAMINER'S NAME Korell, M.D. Margarita A. (TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c, NAME OF CEMETERY OR CREMATOR PG Md Clinton Resurrection Cemetery 30Aug1983 Burial BP. 256 REGISTRAR'S SIGNATURE R-obert E. Wilhelm ADDRESS Suitland, Md. **DHMH - 17** (VR A15 ME (5)) Funeral Home

20M 4/82



Control of the Contro with the state of ALLOW BEET SEE COUNTY

STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGENE

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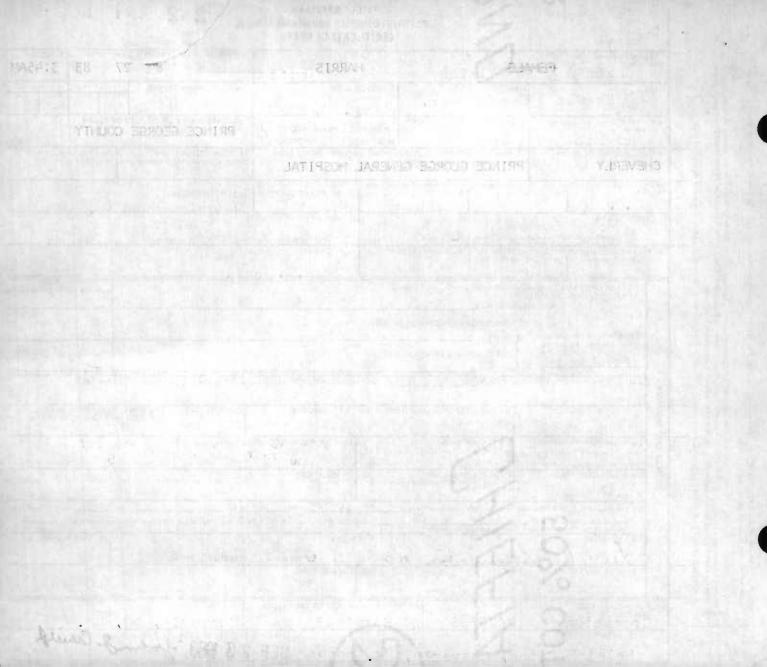
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5 lile.	JAL RESIDENCE (IF NURS	13b COUP	VIY	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN CMP, 149.	N,	13d. INSIDE CITY LIMITS? YES NO 🔯	130. STREET ADDRESS	uste	nn A	20743 ve
0/	ROBERT E 6	KIM		LAST		15. MOTHER'S MAIDEN NA	Nickens		ĮAS	57
	WAS DECEASED EVER (YES, NO OR UNKNOWN)	(IF YES, GIV	MED FORCES?	579-38-4		17. INFORMANT 18. Mobrot E	1.00	RESS Tr 3x	ome is o	
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CAL CERTIFICATION	PART 2 OTHER SIGN	RD 16	196 CONDI TUB 216. TIME O HOUR A.	CREST TION FOR WHICH PE FER FINJURY M. MONTH DA	OPERATIO DING	NOT RELATED TO THE TERM  OST SETS  N WAS PERFORMED  CANCER PATTE  216 HOW INJURY OCCUR	YES NO ERED (ENTER NATURE OF IN	20b. IF YES	S, WERE FINDING CAUSES	NGS USED
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	224 PHYSICIAN'S N	EC	Acces		ype	ATTENDING PHYSICIAN L	CHEVERLY	27	18/	5/83
	CREMATION,	REMOVAL	8-9	-83	Inc		23d LOCATION CITY OR TOWN SUPPLY TE REC'D. BY REGISTRA	and K	TRAR'S SIGN	. Md
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AL DIRECTOR. TODR, FILES. HIN ZZ HOURS STEM STREET,	( "		Willi	am	Thomas				TH MATED	8 2 19	
2 SHOULD BE FILED, WITHIN 72 HOL	3. SE)		RACE	July	AY YEAR LAST BIRTH	QRS. IF UN	DER TYR. IF UNDER	MIN. PRONC	ATE DUNCED AD	MONTH DAY	9:30A
	70°B	RTHPLACE (STAT	White	_	WHAT COUNTRY?	10	TV ISVS VIOL	9 BAL		COUNTY OF DEA	
	City Is	REIGN COUNTRY)	Б	т	JSA	WIDOW	ED NEVER MARR		rince Ge	orge's Co	unty MD.
1	1	arylan TYORTOWNOI Greenbel	+	11. NAME OF 1 (IF NOT IN SUC 402 La	HOSPITAL, NURSING HOA CHFACILITY, GIVE STREET ADDRESS A Keside Apts	. Ric	ge Rd.	12a. USUAL OC FOR MOST OF	CUPATION (TYPE ( WORKING LIFE) Cenance	OF WORK 12h KIND OR IN	OF BUSINESS DUSTRY
		TATE  Md.	13b. COUN		n give residence before admis 13c. CITY OR TOWN Greenbe		13d. INSIDE CITY LIMITS? YES NO D	13e. STREET AD	ress Ldge Rd		20770
	14. F	THER'S NAME		MIDDLE	Gue, Sr.		15 MOTHER'S MAIDE		WIDDIE	LAST	
	D Ida V	Willian VAS DECEASED			Gue, Sr.	ITY NO	Bert 17. INFORMANT	na	ADDRESS	King	
	(Y	Yes	(IF YES, GIVE	WAR OR DATES)	218-58-1		Darby Gu	e, Wife		as Abo	ve
		18 CAUSE OF	DEATH (Enter an	ly ane cause per	line far (a), (b), and (c).)			7 / 4		APPRO BETWEE	XIMATE INTERVAL
		9500		TE CAUSE (a)	Acute Propos		e & Alcono	1 intox	cation		
N, OR REMOVAL.			, if any, which		OK AS A CONSEQUENCE	E OF					
		cause (a) st	ta immediate tating the <u>under</u> -	DUE TO,	OR AS A CONSEQUENCE	E OF					
		lying cause	last.	(c)							
	z	PART 2 OTNER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DE	ATN BUT NOT RELATED TO THE TE	RMINAL DISEASE	OR CONDITION GIVEN IN PA	RT 1 (a).		1.23	
	H K	19a. DATE OF C	PERATION	196 CON	NDITION FOR WHICH OP	ERATION W	AS PERFORMED?			20 AUT	OPSY?
	E									YES	NO D
	1 2		ACCURAGE CONTRACTOR		E AND IN COLUMN TO	-					
-	LCERT	21a EXTERNAL UNDERLYING		700200	A.M. MONTH DAY YE		OW INJURY OCCURRE				
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	1	FOR - STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENT AS HY ICATE OF DEATH	GENE 2 2	2 4 1 2
		PECEASED NAME FIRST		MIDDLE	Harr	ris	2a DATE OF DEATH	rust 18, 1983 7:25
		Female	4. RACE Cauc.		5. DATE O		6 AGE   IN YEARS LAST BIR	THDAY)  IF UNDER 1 YEAR IF UNDER 2  MONTHS DATS HOURS  YRS.
of once.		BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	R COUNTY OF DEATH
partied with	0	CITY OR TOWN OF DEATH	Pribee	George G	ADDRESS)	ROTHER INSTITUTION  Hospital	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Housewife	
r must be	13c M		OR OTHER INSTITUTION UNITY Geo.	GIVE RESIDENCE BEFORE 13c CITY OR TOW Forestv	/N	13d. INSIDE CITY LIMITS?	2101 Ritch	nie Rd. 20747
exomine	14	FATHER'S NAME FIRST Elmer	MIDDLE	Edward	ds	Odell	WIDDLE	Gowan
the medical examine		WAS DECEASED EVER IN U.S. A  [YES, NO OR UNKNOWN]   IF YES, O	ARMED FORCES? GIVE WAR OR DATES)	578-18-0		17 INFORMANT Shirley Taya	c 403 Winslo	ow Rd. Oxon Hill,
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permit their please termine perior to buriol, cremo	IFICATION	gove rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERATION		ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CONI	DITION GIVEN IN PART 1100  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO
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othed for use os the building permit their predictions of Health and Mental Hygiene prior to burial if them 21 is marked or them 18 shows any injury, or	MEDICAL	gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CURRED AT WORK NOTIFY OF CURRED AT WORK NOTIFY OF CURRED AT WORK AT WORK SOW the deceased alive above, (1) (ive) (did) (did)	T CONDITIONS C.  196 COND  216. TIME C. HOUR A. NER)  210. PLACE [IAT HOME, ST. Spitol) attended the condition of the body.	ONTRIBUTING TO  ONTRIBUTING TO  OF INJURY  M. MONTH D.  M. OF INJURY  REET, FACTORY, OFFICE F  Receased from	OPERATIO  AY YEAR  19  FARM. ETC.)	211. LOCATION SIREET  211. LOCATION ON THE STREET  212. LOCATION SIREET  213. LOCATION SIREET  214. LOCATION SIREET  215. LOCATION SIREET  216. ACTION 217. LOCATION SIREET  218. ACTION 228. ACTION 2	Z00 AUTOPSY?  YES NO   RRED (ENTER NATURE OF INJUIT  CITY OR TO  death occurred on the do  MEDICAL STAIL  DIRECTOR PHYSIC	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO COUNTY ST. NO COUNTY ST. 19 22c. DATE SIGNED

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3	1-	FOR STATE REGISTRAR						AND MENT			REG. NO.	1	3	
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AND STAND ST		AL RESIDENCE (IF STATE Md	113b. COUN	OR OTHER INSTITUTION, GR ITY PG	13c. CITY	OR TOWN		13d. INSIDE CITY LIME	_	eet address 726 Bo	oker D	20 rive	743	
DEATH BEATH BOND AND AND AND AND AND AND AND AND AND A		James			Whir			15. MOTHER'S M FIRST Estelle		МЮО	LE I	McGri	ff.	
IRS AFTER DEATH # ANY WITH FORM PAGES 1.2, AND WITH FORM PM 3. RETAIN FORM PM 3. RETAIN FORM PM 2. SHOULD DIVISION OF WITH FECO.	160. \	MAS DECEASED I ES, NO, OR UNKNOW!	N) (IF YES, GIVE	MED FORCES? WAR OR DATES)	Un		Y NO.	Sisija S	Shawki		iles A	ve. A	tlanta	
S, 201 W. PRESTON ST. CUTED WITHIN 24 HOU S'' IN PENCIL IN ITEM 18 LI EXAMINER ALONG V URIAL TRANSIT PERMIT ND MENTAL HYGIENE, I TION, OR REMOVAL.		Conditions, gove rise couse (a) st lying couse	if any, which to immediate ating the <u>under-</u> last.	TE CAUSE (o)  DUE TO, OR  (b)  DUE TO, OR  (c)	AS A CON	NSEQUENCE NSEQUENCE	OF OF						SETWEEN ONSE	
TAL RECORDS, COULD BE EXEC RO'' FENDING'' HIEF MEDICAL USED AS A BUB OF HEALTH AN RIAL, CREMATI	CERTIFICATION	19a DATE OF C		CONTRIBUTING TO OEATH			55	AS PERFORMED?	UTA NE			2	0 AUTOPSY	
DIVISION OF VITAL RECORDS, 201 W. IS CERTIFICATE SHOULD BE EXECUTED W RITING THE WORD "PENDING" IN PEN RADED TO THE CHIEF MEDICAL EXAMINE ES 3 SHOULD BE USED AS A BURIAL - TR EDEPARTMENT OF HEALTH AND MENT 201 PRIOR TO BURIAL, CREMATION, OR	MEDICAL CERTI	21d INJURY OC	OR G CAUSE OF I		MONTH FINJURY		211 LO	CATION TREET	URRED (ENTER	NATURE OF INJURY	Y IN ITEM TE PART	OR PART 2)	YES .	NO
WEDICAL EXAMINER: THE CUTE THE CERTIFICATE, W CUTE THE CERTIFICATE, W EA SHOULD BE FORWA FUNERAL DIRECTOR, PAG ER BEATH, WITH THE STAN TIMORE, MARYLAND, 212		270. I certify death resulted ACTUAL SIGNATURE	that I took charge Iram: Notus	ge of the remains des rol causes X.	Accident		Autop VicideM	Homicide TITLE (SPECIF	Y)	Inquiry E	ner,		3/11/83	
Bb———BAFII	(	BURIAL, CREMATION SPECIFY) Burial UNERAL DIRECTO		8-16-83		name of ce.			CITY	cation or town ndover		COUNTY AR'S SIGN		ATE
DHMH - 17 (VR A15 ME (5)) 20M 4/B2		Sam Butl	er 716	Kennedy S	St. N	.W. Wa	sh. I	I A I	JG.1 5	<b>198</b> 3	John	200	mil	

<b>b</b>						E OF MARYL		0 0			
		FOR STATE			DEPARTMENT OF			Green Comm	4	6.7	
	-	REGISTRAR	FIRST	WE	DICAL EXAMIN	EK'S CEKII	FICATE OF DE	KEG.			
LEASE CTOR. TTOR. URS EET,		CEASED NAME E OR PRINT)	, WI	LLIAM	MDDLE Cicero		ARRISON	OF ESTI-	8 2		6.43
S S E C E	3. SE>	Male 1.RA	Back Mo	oril 2	YEAR 6. AGE (IN YEAR LAST BIRTHUM		YR. IF UNDER 24 HRS S HOURS MIN		Jus Pit DA 1983	2003	24. HOUR 6-43
SSA		RTHPLACE (STATE OR	7b. C	ITIZEN OF WI	HAT COUNTRY?	MARRIED S	LANGE LARRIED	9. BALTIMORE CITY			3 M
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^>	10. CI	TY OR TOWN OF DE	ATH 11. N	NAME OF HOS	PITAL, NURSING HOME	OR OTHER INST		SUAL OCCUPATION (	TYPE OF WORK 17h		NESS
300 4 11/2	0	hopet o		rince	Georges G	eneral		R MOST OF WORKING LIFE)  Ceneral	Contra		
21201 IF ANY DE 2, AND 3 1 3. RETAIN SHOULD B	13a. S		13b. COUNTY P. G		VE RESIDENCE BEFORE ADMISSION IN CHAPEL OA	13d. INSI		REET ADDRESS 13	16 Oate	s Str	eet
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A S I S I S I S I S I S I S I S I S I S		Thomas	Ke	isler	Harrison		Ester	MIDDLE	(UNKNO	NWC)	
MORE PAGE FORM S 1 AV	16a. V	AS DECEASED EVEL	R IN U.S. ARMED F	ORCES?	16b. SOCIAL SECURITY		ORMANT (son)	Van Bur			
AFTI NE INE IN FIGURE SIGN	(1)	No	(IF YES, GIVE WAR OF	(DATES)	577-76-3	735 Wi	lliam Mo	ngo-44112	Harmor	ny Lar	ne ne
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ST A ST	-	PARTIDEATH	WAS CAUSED BY:	USE (a)	m	ocar	dial me	for ctro		TWEET ONSET A	NO DERIT
0 7=3-0		4/98	(	DUE TO, OR	AS A CONSEQUENCE	F					
W. PREST D WITHIN ENCIL IN AMINER AMINER ATTRANSIT ENTAL HY REMOVAI		Conditions, if gave rise to		(b)				V			
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RECORDS, 30 UID BE EXECU "PENDING" IN "PENDI	NO	PART 2 OTHER SIGNIFICA	NT CONDITIONS CONTRI	BUTING TO OFATN	BUT NOT RELATED TO THE TERMI	NAL DISEASE OR COND	DITION GIVEN IN PART 1 (a).				
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N OF ICATE WITHE WOULD STUDE STAKEN		210 EXTERNAL CAL UNDERLYING CONTRIBUTING	OR		MONTH DAY YEAR	21c. HOW INJI	URY OCCURRED (ENTE	R NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)		
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DIVIS  THIS CER E, WRITING RWARDED PAGE 3 STATE DEF	>	WHILE NO.	WHILE	JIREL, IAC	ion, ranm, etc.)	STREET	Like	CIII OK IOWN	COUNTY		SIMIE
™ ⊢ O n u			t I took charge of th	·D	cribed obove, held on	Autopsy	Inspection , Und	Inquiry ,	ond in my opinion		
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TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC A PETER DEATH, WITH BAITIMORE, MARYLA		EXAMINER'S NAME (TYPE OR PRINT)	563	2 ar	mapo hs	ADDRES	SS	Can Con	20710		
PAKE PAKE 8AL	23a. B	URIAL, CREMATION,	REMOVAL 236. DA	ATE	23e. NAME OF CEA	ETERY OR CREM	ATORPark 23d	LOCATION TY OR TOWN	COUNTY	STAT	
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DHMH - 17 (VR A15 ME (5))		NERAL DIRECTOR			neral Home		250 ANG 2 F	BY REGISTRAR TO RE	GISTRAR'S SICNA	ATURE	
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DR. SAID DAER AUGUSTA SAL SALASSUA

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Z SE PATO	6	Cheverly	1	Prince	George's G	Genera	I Hos	pitall			N	one	
WMEAN A	ISUA I3e. S	L RESIDENCE (IF IN NUR	SING NOME OR OTHER	INSTITUTION, GI	13t. CITY OR TOWN	ION}	13d INSIDE CIT		e STREET ADDR			20	028
F ANY RETAILS HOUTE		Md.	P	.G.	Dist. Hgt	S.	YES T			alker 1	Mibl	Rd.	
MD. MD. 17, 2, M. 3.	14. FA	THER'S NAME FIRST	MIDDE	E	LAST		15. MOTHER	R'S MAIDEN N	VAME	WIDDLE		LAST	
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IN THE CANAL THE	ICA	CONTRIBUTING C	AUSE OF DEATH	P.M.		777.10	ATION			-	0	- 10	
0 8889E8	MED	100 100 110	WHILE I''	STREET, FACT	ON HANDET		THEE)		CITY ON 10	Jawys .	counts		STATE
ER: THI ORWA ORWA HE STA UD, 213		ZIx. I certify that I		rumgins des	cribed above, held one	Autop	ASI.	Inspection [	Impury	O and a	n my opinion		
A THE TOTAL		death resulted from	Natural of	200	Accident 10 /	picide []	1		Undetermined m		Contract Contract		
ERTI ERTI WITH ARY		A STATE OF THE STATE OF T	( /	//	114	. 1	TITLE (SP	PECIFYI		WHITE			
A TALCOCK		ACTUAL SIGNATURE	1	Low	Call /	en Ja	Deput	y Chie	MEDICAL EXAM	MINER	DATE SIGNED_	3/23/8	3
NA STATE	1	EXAMINER'S NAME	100		0 111 11	6	)				145		
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STATEM DEATH, WITH THE STATEM DEATH, WITH THE STATEM DEATH, WITH THE STATEM DEATH OF STATEM DEATH DEATH OF STATEM DEATH DE		(TYPE OR PRINT)			. Smith, M.		ADDRESS		enn St.	Balto.	,MD.		
	23c. B	URIAL, CREMATION, RI Burial	EMOVAL 236. DAT	26/83	23c. NAME OF CE Harmon				Highle	and Day	COUNTY M	7	ATE
BP/52	24 F	UNERAL DIRECTOR		~~,~,	1 moramora	9 116			D. BY REGISTRA		RAR'S SIGNA	CL .	•
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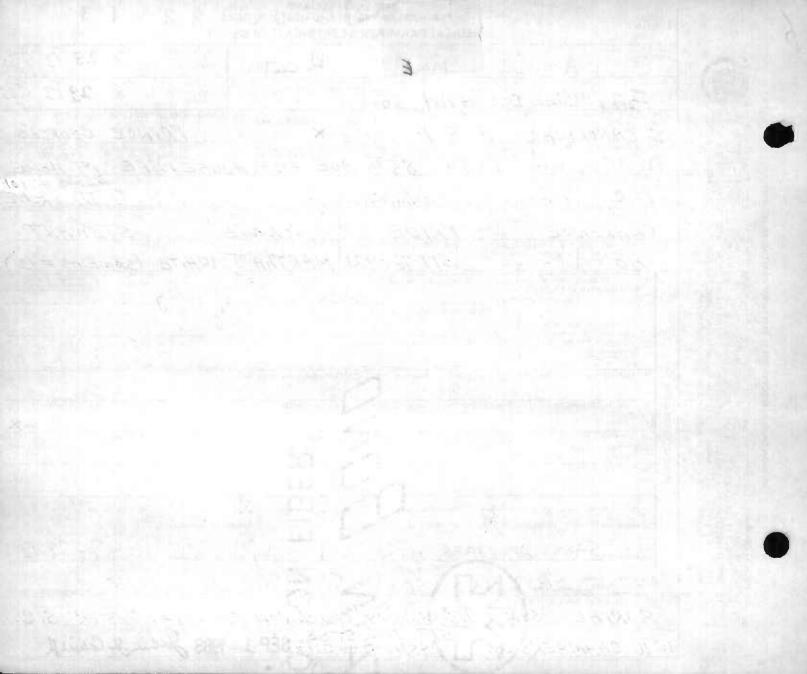
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Removal 8/31/83 Maryland State Anat. Board Baltimore Balto. Mary	1		FOR			D	DEPART	STA MENT OF		AARYLA I AND M		YOEN	E 2	2 2	64	1	6	
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Male   White   July 2 1921   62 vs.   White   July 2 1921   White   White   July 2 1921   White   July 2 1921							L.	2					DEATH	MATED	_ 0			
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MARKED   Never MARKED   Prince George			le	White			-		RS.		J							A
In CAUSE OF DEATH   In NAME OF FROSPITAL NURSING HOME, OR OTHER INSTITUTION   ITEM WAS CAUSE OF COUNTY   ITEM CONDITION FOR WHICH OPERATION WAS PERFORMED?   ITEM COUNTY		FO	REIGN COUNTRY	TATE OR				AIRAS				IED 🔲			_	NITO	PUEATH	
OXON H111    2009 ATONA ROAD	ŀ			OF DEATH				IRSING HON							-	ex 112b. 1	KIND OF BI	USINESS
USUAL RESIDENCE (# IN NUSANO FOND GO FORE RESIDENCE STORE ADMISSION)   134. INSIDE (ITY LIMITS)   134. STREET ADDRESS   2007 ATOMA ROAD   135. STREET ADDRESS   2009 ATOMA ROAD   135. MATHERS MADIDEN NAME   135. MATHERS MADID		Λv.	m 11:11		(# NO	T IN SUCH FAC	CILITY, GIVE S	TREET ADDRESS)				FORA	MOST OF WO	RKING LIFE)		(	OR INDUST	TRY
Maryland	Į	USUA	L RESIDENCE		ME OR OTHER INS	ALOI STITUTION, GIV	E RESIDENCE	E BEFORE ADMISS	ION)	1					er_we	U .		
I. FATTER'S NAME   NODE   NAME   NODE   NAME   NA	ı		_			orge			gton						Road		2014	+4
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Severna Park	l		Robert		7.1.2.4.4		Ha						,	MIDDLE	1	Whit	41101	
The course of Death (Enter only one couse per line for (a), (b), and (c).)   PARTI DEATH WAS CAUSED BY:   MANEONATE CAUSE (a)	i	16a. V	AS DECEASE	D EVER IN U.S.	ARMED FOR	CES?	16b. SO	CIAL SECURI	IY NO.	17. INFOR	MANT		262 1			Da		
PARTIDEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  Arteriosclerotic cardiovascular disease    Canditions, if any, which gave rise to immediate couse (a) sthing the underlying cause lost.   Due TO, OR AS A CONSEQUENCE OF (b)   Due TO, OR AS A CONSEQUENCE OF (c)    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 as    19a. Date OF OPERATION   19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?   20 AUTOPSY? YES     TIO. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING AUSE OF DEATH   P.M. IT P.M. AT WORK   AT W			Yes	W	VII		025-	-12-75	65	Paul	Hatch	1	Sei	verna	Park	M	aryla	nd
The conditions is a consequence of conditions in mediate couse (a) stating the under lying cause lost.   Due to, or as a consequence of (b)				F DEATH (Enter	anly ane cau											ВЕ	APPROXIMAT ETWEEN ONSE	E INTERVAL
Canditions, if any, which gave rise to immediate cause (a) stating the under lying cause last.  DUE TO, OR AS A CONSEQUENCE OF LYing cause last.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 lig.  198. DATE OF OPERATION  198. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS UNDERLYING OR OR ONTH SIDNING OR ONTH DAY YEAR CONTRIBUTING OR ONTH SIDNING OR ONTH OWN OR OR ONTH SIDNING OR ONTH OWN OR OWN OR OR ONTH OWN OR OWN OWN OR O	l		450		DIATE CAUSE					card	iovasc	ular	dise	ease				
QOVER THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or 19th. CONDITION FOR WHICH OPERATION WAS PERFORMED?  26 AUTOPSY?  YES   27 In EXTERNAL CAUSE WAS UNDERLYING OR OR WHICH OPERATION WAS PERFORMED?  28 EXTERNAL CAUSE WAS UNDERLYING OR OR OR OR OTHER BUT NOT THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or 19th. CONTRIBUTING CAUSE OF DEATH P.M. 19  28 In IMPURY OCCURRED WHILE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.)  29 Id. INJURY OCCURRED WHILE ON TWHILE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.)  20 I Certify that I took charge of the remains described above, held an Autopsy (Inspection X). Inquiry (Inquiry X) and in my apinion death resulted from. Natural causes X. Accident (Inquiry X). Accident (Inquiry X). Inspection X. Inquiry X. Accident (Inquiry X). INTITE (SPECIFY)  M.D. Deputy MEDICAL EXAMINER SIGNED 8/30/19  EXAMINER'S NAME AUGUSTO P. RODTIGUE M. ADDRESS.  23 BURIAL CREMATION, REMOVAL DATE (INDURY) ADDRESS.  23 BURIAL CREMATION, REMOVAL DATE (INDURY) AND COUNTY STANDER.  24 BURIAL CREMATION, REMOVAL DATE (INDURY) AND COUNTY STANDER.  25 BURIAL CREMATION, REMOVAL DATE (INDURY) AND COUNTY STANDER.  26 BURIAL CREMATION, REMOVAL DATE (INDURY) AND COUNTY STANDER.  26 BURIAL CREMATION, REMOVAL DATE (INDURY) AND COUNTY STANDER.  27 BURIAL CREMATION, REMOVAL DATE (INDURY) AND COUNTY STANDER.  28 BURIAL CREMATION, REMOVAL DATE (INDURY) AND COUNTY STANDER.  29 BURIAL CREMATION, REMOVAL DATE (INDURY) AND COUNTY STANDER.  29 BURIAL CREMATION, REMOVAL DATE (INDURY) AND COUNTY STANDER.  20 BURIAL CREMATION, REMOVAL DATE (INDURY) AND COUNTY STANDER.  20 BURIAL CREMATION, REMOVAL DATE (INDURY) AND COUNTY STANDER.  21 BURIAL CREMATION, REMOVAL DATE (INDURY) AND COUNTY STANDER.  21 BURIAL CREMATION, REMOVAL DATE (INDURY) AND COUNTY STANDER.  22 BURIAL CREMATION, REMOVAL DATE (INDURY) AND COUNTY STANDER.  23 BURIAL CREMATION, REMOVAL DATE (INDURY) AND COUNTY STANDER.  24 BURIAL CREMATION DATE (INDURY) AND COUNTY DATE (INDURY) AND CO	l		72	72		UE TO, OR	AS A CON	NSEQUENCE	OF									
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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 GB.  198. DATE OF OPERATION  198. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210. EXTERNAL CAUSE WAS UNDERLYING OR OR ON THE OF INJURY HOUR A.M. MONTH DAY YEAR ON THE OF INJURY HOUR A.M. MONTH DAY YEAR ON THE OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY IN HEM TO PART 2)  210. EXTERNAL CAUSE WAS UNDERLYING OR OR OF DEATH P.M. 19  2110. EXTERNAL CAUSE WAS UNDERLYING OR	l				ler DI	UE TO, OR	AS A CON	<b>USEQUENCE</b>	OF									
19th Date of Operation   19th Condition for which operation was performed?   21th Autopsy?   Yes	l																	
AT WORK  220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinion death resulted fram: Natural causes , Accident , Suicide , Blamicide , Undetermined manner , TITLE (SPECIFY)  M.D. Deputy MEDICAL EXAMINER SIGNED 8/30/19  EXAMINER'S NAME Augusto P. Rodrig M. D. Deputy MEDICAL EXAMINER SIGNED 8/30/19  EXAMINER'S NAME Augusto P. Rodrig M. ADDRESS 5009 Rayburn Ct., Temple Hills, M. Temple Hills, M. ADDRESS SOURIAL, CREMATION, REMOVAL MARY STATEMENT OF CEMETERY OF CREMATORY CITY OF COUNTY STATEMENT	ı	NO	PART 2 OTHER SI	GNIFICANT CONDITIO	ONS CONTRIBUTION	NG TO DEATH B	BUT NOT RELA	ATEO TO THE TER	MINAL DISEAS	E OR CONDITIO	ON GIVEN IN PAI	RT 1 lak						
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AT WORK AT WORK  12a   certify that   taok charge of the remains described above, held an Autopsy , Inspection . Inquiry . and in my apinion death resulted fram: Natural causes . Accident , Suicide . Homicide . Undetermined manner .  TITLE (SPECIFY)  M.D. Deputy MEDICAL EXAMINER SIGNED 8/30/19  EXAMINER'S NAME Augusto P. Rodrig M. ADDRESS . ADD	ı	FF			9												YES 🗌	NO D
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AT WORK AT WORK  220. I certify that I took charge of the remains described above, held an Autopsy , Inspection X. Inquiry X and in my apinion death resulted fram: Natural causes X. Accident , Suicide , Homicide , Undetermined manner ,  TITLE (SPECIFY)  M.D. Deputy MEDICAL EXAMINER SIGNED 8/30/19  EXAMINER'S NAME AUGUSTO P. Rodrig M. ADDRESS.  ADDRESS.  230. BURIAL, CREMATION, REMOVAL MATE MAME OF CEMETERY OR CREMATORY (SPECIFY)  Removal 8/31/83 Maryland State Anat. Board Baltimore Balto. Mary		CAL	CONTRIBUTI	NG CAUSE C	OF DEATH	P.M.		19								1		
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Col.	1 -	FOR STATE REGISTRAR			DEPARTN	ENT OF H	EALTH AND MENTAPHYG ICATE OF DEATH	REG. NO	0		
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requires that the death cert is signed by the attending. Then please remove corban to buriol, cremation, or retinjury, or other traumatice.	NOI	Conditions, if any, gove rise to imm cause (a), storin underlying cause	which nediate g the lost	(b) DUE TO, O (c)	R AS A CONSEQUE  R AS A CONSEQUE  ONTRIBUTING TO E	NCE OF		b deer who have Mu ho born INAL DISEASE OR CONI		205	7,
TAL RECO	CERTIFICATION	190 DATE OF OPERA	9	19b COND		OPERATIO	N WAS PERFORMED	YES NOW	IN CERTII		
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir cartending physician.  After this certificate has been signs of the burial-transit permit. They as the burial-transit permit. They and Mental Hygiene prior to the and Mental Hygiene prior to cheed or Item 18 shows any injury orked or Item 18 shows any injury.	MEDICAL C	OR CONTRIBUTING (IF EITHER NOT IFFY MEDRIC TO THE WHILE NOT WHEN AT WORK AT WO	CAUSE OF DEA	HOUR A P. 21e. PLACE	.M. MONTH DA .M. OF INJURY REET, FACTORY, OFFICE, F.	19	21f LOCATION STREET	CITY OR TO	Lue.	COUNTY	STATE
ATTENDIN spirol or CTOR: Al for use of Healt		220.1 certify that (1) saw the decease above, (1) (we) (s	ed alive on	Alegar 1	19 d	1 o	nd that in (my) (our) apinion	death occurred on the do	ote and hou		
TAL OR A THE PORT OF THE PORT		22b. SIGNATURE	Ke	que	u a			MEDICAL STAF		AUG.	11,1983
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/		1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 2 4	8
3			STATE REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
1		1. DE	West, ver	BAY YER 75 HOUR
	Start S	(146	PEOR PRINT)  Annie Mak Heath OF ESTI- DEATH MATE	28 8 15 35
	彩彩 (	3. SEX		DAY YEAR 2d HOUR
			FEMALE Black DEC 24/124 58 RS. MONTHS DAYS HOURS MIN PRONOUNCED DEAD	18,83 3.55
	AND	7a. B	SIRTHPLACE (STATE OR OF WHAT COUNTRY? 8. MARRIED   NEVER MARRIED   9. BALTIMORE CITY OR COUNTY	OF DEATH
	SAN	_	S, CAROLINA U.S.A. WIDOWED & DIVORCED   PRINCE	GEORGESMO
	SHR.	0. C	ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12)  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120 USUAL OCCUPATION (TYPE OF WORK 12)  FOR MOST OF WORKING LIFE)	N. KIND OF BUSINESS OR INDUSTRY
	A DA PROPE	1	New Can ton 5339 85th AVE \$103 HOUSE WIFE	AT HOME
100	SEE SE	USUA Un. S	AL RESIDENCE (IF IN NURSING HOME FOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE 136 COUNTY, 136. CITY OR TOWN 136. INSIDE (ITY LIMITS? 136 STREET ADDRESS	20011
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BALTIMORE	JRS AFTER B. GIVE PA WITH FO T. PAGES DIVISION		The state of the s	EAS#13)
	: 5°8≥ F.O		18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PROTONIST	SIEN VAL		IMMEDIATE CAUSE (a) (AUCCINO MA) (LILLY & LILLY & LILY	
PFC	ITHIN 24 F CIL IN ITEA VER ALON ANSIT PER AL HYGIEN REMOVAL		Canditians, if any, which	
>	MINE MINE OR R		gave rise to immediate (b)	
201 W.	N PEN X AMII AL-TR MENT		lying cause last.	
SO	D BE EXECUTED  BE EXECUTED  ENDING: IN P.  MEDICAL EXA  AS A BURIAL-  EALTH AND ME  CREMATION,		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a.).	
DIVISION OF VITAL RECORDS.	D BE EXECTENDING: MEDICAL AS A BU EALTH AN CREMATI	N N		
8	OULD PER MILE AND A HEA HEA HEA	Y	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
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Z Z	RTIFICATE VG THE V O TO THE SHOULD PARTMEI RIOR TO	₹ S	UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	
2	S CERT RITING RETING RDED SE 3 St E DEP SO1 PR	MEDICAL	21d. INJURY OCCURRED  21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)  21f. LOCATION  STREET CITY OR TOWN COUNT	TY STATE
2	WARD WARD WARE TATE 21201	~	AT WORK AT WORK	
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	<b>509549</b>	23a.B	BURIAL, CREMATION, REMOVAL 236 DATE 231, NAME OF CEMETERY OF CREMATORY 231 LOCATION CITY OF TOWN	STATE
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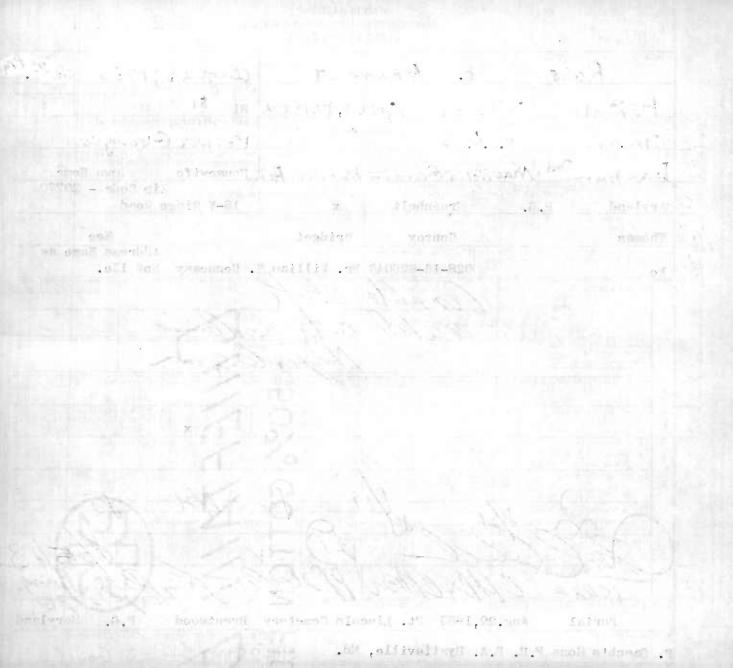
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MORE e exect	medica		ES. NO OR UNKNOWN)		WAR OR DATES)			Mr. Willia	am S.			ess Sar 13e.	ne as
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 BIO PHYSICIAN. The fave requires that the death certificate be executed within 24 hours of affining physician.  When this certificate has been signed by the attending physician and completely filled in by as the busing terms. Pages 1 and 2 should be file.	or is outlier traumatic event, the	NOU	PART 2 OTHER SIGN	which mediate last the last	DUE TO, OF	AS A CONSE	DUENCE OF			AS TO ALD ISEASE OR COR		N IN PART I I	
AL REC	2	CERTIFICATION	15s DATE OF OPERA				ICH OPERATIO	N WAS PERFORMED		YES NO	IN CERTIFY YES	- Innel	OF DEATH?
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	3 3		SURIAL, CREMATION,		23b. DATE			EMETERY OR CREMAT	1000	234 LOCATION	de	COUNTY	Maryland
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	AND.				STATE OF MAKTLAND	3 9 9	9 9
7	AWTE C	1	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL WY	GIENE	lie lie
1	INI	1	REGISTRAR	*	CERTIFICATE OF DEATH	REG. NO.	
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12	deo		VIDLH	C,	HERKLOTZ	8 2	583255 M
E	0	3. SE	×	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4	director, hours afte	F	EMALE	WHITE	2 7 1889	94 YRS.	DATS HOURS MIN.
Pog	direction of	70. B	IRTHPLACE (STATE OR FOREIGN 7	L CITIZEN OF WHAT COUNTRY?		9. BALTIMORE CITY OR COUNTY	OF DEATH _
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deo	P P P	-	TA	MON	WIDOWED DIVORCED	TRIVER UDOR	98 CO - MD.
ofter		Mag	ITY OR TOWN OF DEATH	I NAME OF HOSPITAL, NURSII	ADDRESS)	120 USUAL OCCUPATION  (Type of work for most of working life	12b. KIND OF BUSINESS OR
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	shood shood	6.0	110.17	HUNA PO	15. MOTHER'S MAIDEN NA	1135 JUPINER	100.
ž.	0 01 20 20	N.	ATHER'S NAME	NIDDLE LASE P	- DEIRST	WIDDLE	LAST
	l ond	1	HENRY	Wohlt	- LAARA	$\Gamma$	AUER
executed	8 7 8 7			MED FORCES? 166 SOCIAL SECT	JRITY NO. 17 INFORMANT	ADDRESS	
	Poges Poges medico	1	YES NO O UNINOWN) [IF YES, GIVE	WAR OR DATES) 194-05-	9720-R Bouget	4 HERKINTY	#13
be	O to			117 00	1130 P (ENEST	11. ILKANDIA	TO THE PARTY OF TH
certificate	g physicio anpapers. remaval. event, the		18 CAUSE OF DEATH (Enter only PART ), DEATH WAS CAUSED	y one cause per line for (a), (b), or	d (c).		BETWEEN ONSET AND DEATH
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that			7	(c)	MIDWOUGHER	ucuwa	
	een signed iit. Then ple ior to burio	1-	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 1 0
ed n	The Transition	Ó		Unterinsch	erone Hear	t uslar	
NO NO	been prior	1 3	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	WERE FINDINGS USED
6. 6	De de	CERTIFICATION				YES NOT YES	ING CAUSES OF DEATH?
IAN: The		3	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	121c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	
Z	tron 18	/	OR CONTRIBUTING CAUSE OF DEAT	MOUD AM MONTH D	AY YEAR		W. 1 m/1 - m/1 m/
		V	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
PHYSICIAN:		MEDICAL	21d. INJURY OCCURRED	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
G PHYSIC	After the as the olth and marked a	5	AT WORK NOT WHILE	(All Holle, States, Factors, Office			
Z Z	BOB			ol) attended the deceased from.	-1/22/80 19	10 8/2-3	9 3 -, that (Kiwe) lost
ATTEND	for us				83 and that in (my) (our) opinion	death occurred on the date and hour	
R ATTEN	7 12 2 0 4		sow the deceased alive on above (I) (we) (did) (did not 27b. SIGNATURE	view the body after death.			
A S	0 0 0		228. SIGNATURE	101	DEGREE ATTENDING	MEDICAL _ STAFF	224. DATE SIGNED
⋖ .			Vari	2) sona	THE PHYSICIAN [	DIRECTOR PHYSICIAN	0/25/83
SPITA	H O O Z		22d. PHYSICIAN'S NAME (TYPE OR		22e ADDRESS	1 - (	1 , ,
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0	TO FUN should b with the IMPORT	22-			NAME OF CEMETERY OF COST	1234 LOCATION	
	721	130	BURIAL, CREMATION, REMOVAL	10/12/05/1	NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	SAN MY
В	P	1	MEIAL	18/2//83 1	till REST	HUNAPOHIS	HH MD.
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGIENE CERTIFICATE OF DEATH

	ECEASED NAME FIRST		MIDDLE	L	AST	2a. DATE OF DEAT		YEAR	2b HOUR
1	Warren		0.	HILG	EMANN	August 1	1, 1983	, = 1	7:30
3. SE	EX	4 RACE		5. DATE C		& AGE (IN YEARS LA		DER I YEAR	IF UNDER 24
	Male	Caucas	ian	April	18, 1934	49	YRS.	HS DATS	HOURS
Mi	SIRTHPLACE (STATE OF FOREIGN COUNTRY)  issouri	USA	WHAT COUNTRY?	MARRIE			eorge's Co		
	Bowie	3002™1	arragon L	ane	DR OTHER INSTITUTION	170 USUAL OCCU TYPE OF WORK FOR M. Systems A	OST OF WORKING LIFE) IN		ept.
USU 13a <b>Ma</b> .	JAL RESIDENCE (IF NURSING HOME O STATE 136 COU Tyland Pr. (	rother institution NTY eorge's	13t. CITY OR TOW  Bowie	ADMISSION)	113d INSIDECITY LIMITS?	13e STREET ADDRE	ragon Lane	e 20	0715
14 F/	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME MIDD	(E	HAST	
	Fred	E.	Hilgemann		Verna	М.	Burg		
	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	496-32-1		Mary N. Hilge	300 emann Bor	DRESS 2 Tarrago vie, Maryl	n Lan	e 20715
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e ω±		ECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR		
oge deot		FRANCIS	WARREN	-	ON, SR.	August 25, 1983		8:00P M		
m mo	3 SE				OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS		
-		Male	Caucasian	Mar	ch 22, 1916	67 YRS.				
<b>D</b> (M) (39		IRTHPLACE (STATE OR FOREIGN COUNTRY)  New York	76 CITIZEN OF WHAT COUNTRY?	MARRI		Prince Georges				
rs ofter by the filed with	В	OWIE	11. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  13103 Idlewild Drive		e	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Retired  12b. KIND OF BUSI INDUSTRY Electric:				
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De es		yes WW :	II 114-12-3	782	Margaret An	n Hilton sa	me as 13	3e		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The law requires that the death certifice attending physicion.  Mer this certificate has been signed by the attending phost the build-transit permit. Then please remove carbon pith and Mental Hygiene prior to burial, cremation, or remoorked or them 18 shows any injury, or other troumatic ever		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO	ence of		na, base oftong		onThs		
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Of of of with	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF	EMETERY OR CREMATORY	23d LOCATION				
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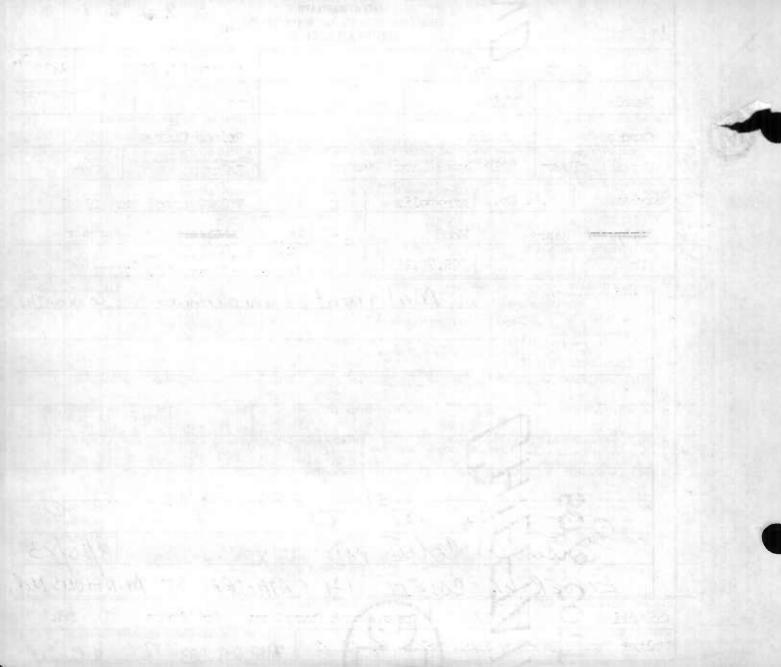
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TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE: PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THEST BALKIMORE, MARY LAND. 2		22a. I certify that I took charge of the remains described above, held on Autopsy XXI. Inspection . Inquiry . and in my opinion													
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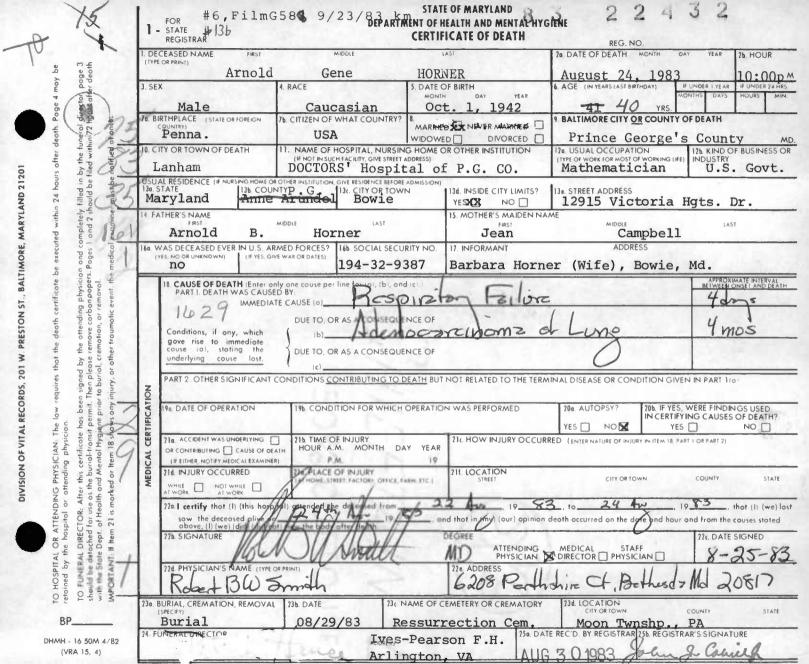
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		18 CAUSE OF	DEATH (Enter onl	y one cause per line	for (a), (b), and (c).)					,	APPROXIMATE	E INTERVAL
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		22a I certify	that I took chorg	e of the remains des	cribed above, held on	Autops	y X. Inspe	ction .	Inquiry .	and in my a	eorge's,	Md.
6		death resulted	d fram: Natur	al causes	Accident LX, Si	vicide 🔲	. Homicide	Undeter	mined manner	. 1		
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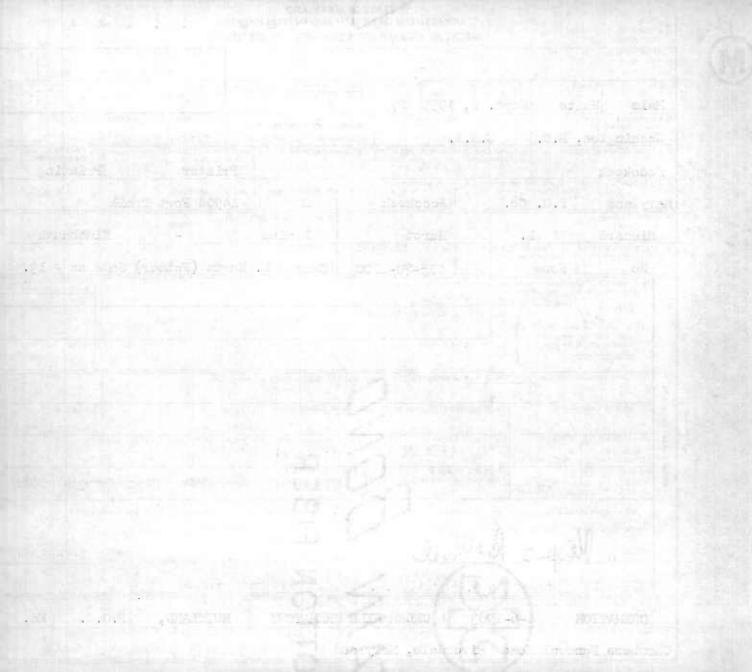
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TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWART TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALLIMORE, MARYLAND, 2120		220 I cer death resu	·	ge of the remains di	Accident		Autops icide ,	Hamicid		Undeterr	Inquiry	X,	and in m	y apınian		
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE KNOWN I. DECEASED NAME 26 HOUR MONTH (TYPE OR PRINT) ESTI-DEATH MATED 8-4-83 LESLIE HURTT 6 AGE (IN YEARS 3. SEX 4 RACE IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY : 30P FUNERAL DIRECTOR STANDING STANDING TO WITHIN 72 H PRONOUNCED DEAD Male 2, 1955 White Sept. 27 YRS 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED MEVER MARRIED FOREIGN COUNTRY) Prince George's Washington, D.C. U.S.A. County WIDOWED DIVORCED 2, AND 3 TO THE FU 3. RETAIN PAGE 5 SHOULD BE FILED, V ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME. 4908 Fort Trail Printer Printing Accokeek USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a, STATE 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 14908 Fort Trail P.G. Co. Accokeek YES X NO [ Maryland 4 HOURS AFTER DEATH. IF, EM 18. GIVE PAGES 1, 2, A DNG WITH FORM PM 3. FERMIT. PAGES 1 AND 2 SHERMIT. PAGES 10 OFWITAL R 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Himebaugh Elaine Richard Hurtt 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 66 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES! Richard L. Hurtt (Father) Same as None 215-70-1200 No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). CAL EXAMINER ALONG W BURIAL - TRANSIT PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HEALTH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL. IMMEDIATE CAGUAShot wound to head DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) ASA CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HE PRIOR TO BURIAL, YES XX NO T 踞 21g EXTERNAL CAUSE WAS 21b. TIME OF INTURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 FORWARDED TO THE OR: PAGE 3 SHOULD HOUR A.M. MONTH UNDERLYING XXOR self/inflicted MEDICAL CONTRIBUTING CAUSE OF DEATH 211 LOCATION FOR 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE A SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET FACTORY FARM, ETC.) Accorder Prince George's, Motate AT WORK AT WORK Autopsy XX 226 I certify that I took charge of the remains described above, held on Inspection Inquiry ond in my opinion Homicide Undetermined monner TITLE (SPECIFY) DATE 8-5-83 Assistant EXAMINER'S NAME 111 Penn STreet Margarita A. Korell, M.D. 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Md. 8-6-1983 CEDAR HILL CREMATORY SUITLAND. CREMATION P.G.C. BP. 24 FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** Riverdale, Maryland Chambers Funeral Home (VR A15 ME (5)) 20M 4/B2



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